(17)

No. 01-1420

IN THE SUPREME COURT OF THE UNITED STATES

WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES, ET AL.,

Petitioners,

v.

GUARDIANSHIP ESTATE OF DANNY KEFFELER, BY WANDA PIERCE, GUARDIAN, AND OTHER PERSONS SIMILARLY SITUATED,

Respondents.

ON WRIT OF CERTIORARI TO THE SUPREME COURT OF WASHINGTON

JOINT APPENDIX – VOL. II OF II

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Counsel For Respondents

PETITION FOR WRIT OF CERTIORARI FILED MARCH 14, 2002
CERTIORARI GRANTED MAY 28, 2002

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50 RANDOM ACCOUNTS
SMITH, DENITA

SOCIAL SECURITY ACCOUNTING

Last Name	SMITH
First Name	DENITA
MI	L
SSN	[redacted]
DOB	5/27/80
Funding Source	SSI

Payments Received	$5,977.00
Interest Earned	$0.00
Payments Returned	610.00
Account Disbursements	$1,838.00
Foster Care Reimbursement	$3,529.00
Balance $0.00	

Wednesday, January 12, 2000

REPORT DATE: 04/08/98
PURGE DATE: 01/01/98
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----- DEPARTMENT OF SOCIAL AND HEALTH SERVICES -----
----- OFFICE OF ACCOUNTING SERVICES -----
----- TRUST FUND SECTION -----
PURGE REPORT FOR THE CLIENT TRUST FUND TRANSACTIONS

CLIENT: SMITH, DENITA L.
PIC: SMITHDL052780A

DATE	DOCUMENT	NUMBER	TRANS	REV	DESCRIPTION	DEBIT	CREDIT	BALANCE
10/08/97	D.C.R.	201	01-00	2000	09/97	599.00	0.00	599.00 DB
11/05/97	D.C.R.	214	01-00	2000	10/97	599.00	0.00	1198.00 DB
11/14/97	J.V.	12825	01-01	2000	09/97	0.00	599.00	599.00 DB
12/08/97	D.C.R.	232	01-00	2000	11/97	599.00	0.00	1198.00 DB
12/15/97	J.V.	16225	01-01	2000	10/97	0.00	599.00	599.00 DB

BEST AVAILABLE COPY

REPORT DATE: 10/1698
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----- DEPARTMENT OF SOCIAL AND HEALTH SERVICES -----
----- OFFICE OF ACCOUNTING SERVICES -----
----- TRUST FUND SECTION -----
CLIENT TRUST FUND TRANSACTIONS

CLIENT: SMITH, DENITA L
PERSON ID: 1350968
PIC: SMITHDL052780A

DATE	DOCUMENT	NUMBER	TRANS	REV	DESCRIPTION	DEBIT	CREDIT	BALANCE
01/01/98	D.C.R.	00000			BAL FWD	599.00	0.00	599.00 DB
01/07/98	D.C.R.	250	01-00	2000	12/97	612.00	0.00	1211.00 DB
01/15/98	J.V.	19085	01-01	2000	11/97	0.00	599.00	612.00 DB
02/05/98	D.C.R.	265	01-00	2000	01/98	612.00	0.00	1224.00 DB
02/13/98	J.V.	22535	01-01	2000	12/97	0.00	612.00	612.00 DB
02/27/98	INVOICE	98058	05332	5000	01/98	0.00	612.00	0.00 DB
02/27/98	INVOICE	98058	A5332	5000	02/98	0.00	612.00	612.00 CR
03/06/98	D.C.R.	281	01-00	2000	02/98	612.00	0.00	0.00
03/19/98	INVOICE	98078	C5509	5000	03/98	0.00	614.00	614.00 CR
04/08/98	D.C.R.	320	01-00	2000	03/98	612.00	0.00	2.00 CR
05/04/98	D.C.R.	326	01-00	2000	04/98	612.00	0.00	610.00 DB
08/03/98	J.V.	04895	01-01	2000	01/98	0.00	367.98	242.02 DB
08/03/98	J.V.	04895	01-02	2000	02/98	0.00	242.02	0.00 CR

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REPORT DATE: 01/13/00
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----- DEPARTMENT OF SOCIAL AND HEALTH SERVICES -----
----- OFFICE OF ACCOUNTING SERVICES -----
----- TRUST FUND SECTION -----
CLIENT TRUST FUND TRANSACTIONS

CLIENT: SMITH, DENITA L
PIC: SMITHDL052780A

DATE	DOCUMENT	NUMBER	TRANS	REV	DESCRIPTION	DEBIT	CREDIT	BALANCE
03/15/99	D.C.R.	523	01-00	2000	01/97	164.00	0.00	164.00 DB
03/15/99	D.C.R.	523	01-00	2000	02/97	164.00	0.00	328.00 DB
03/15/99	D.C.R..	523	01-00	2000	03/97	164.00	0.00	492.00 DB
03/15/99	D.C.R.	523	01-00	2000	04/97	164.00	0.00	656.00 DB
03/15/99	D.C.R.	523	01-00	2000	05/97	130.00	0.00	786.00 DB
03/15/99	D.C.R.	523	01-00	2000	01/98	167.00	0.00	953.00 DB
03/15/99	D.C.R.	523	01-00	2000	02/98	167.00	0.00	1120.00 DB
04/02/99	J.V.	07538	01-01	2000	07/97	0.00	275.77	844.23 DB
04/02/99	J.V.	07538	01-02	2000	08/97	0.00	510.23	334.00 DB
04/02/99	J.V.	07538	01-03	2000	01/98	0.00	167.00	167.00 DB
04/02/99	J.V.	07538	01-04	2000	02/98	0.00	167.00	0.00
01/11/00	J.V.	01214	01-01	2000	01/98	367.98	0.00	367.98 DB
01/11/00	J.V.	01214	01-02	2000	02/98	242.02	0.00	610.00 DB
01/11/00	INVOICE	C5331	C5331	2000	ACCT BALANCE	0.00	610.00	0.00

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A-19	State of Washington Revenue Refund

Agency No.	Location Code
3000	

AGENCY NAME
Department of Social & Health Services OAS/Trust Fund Unit PO Box 9501 Olympia, WA 98507-9501
CLAIMANT
RITA KLEMETSEN, FOR DENITA SMITH 1602 18TH AVE S, #306 SEATTLE, WA 98122

Date	Description	Amount	Agency Use
	TO TRANSFER FUNDS FROM THE TRUST FUND ACCOUNT OF DENITA L. SMITH, 052780, FOR RENT AND DAMAGE DEPOSIT. SSA PAYMENTS 12/97 ~~1/98~~ $612.00 1/98 ~~2/98~~ $612.00	$1,224.00	SSI

Prepared By	Tele. #	Date	Agency Approval	Date
//s// Todd Wollen		—	//s//KAREN KEGLEY-JUSTINEN	2/25/98

Dos. Date	Print Run Date	Current Doc. No.	Reference Doc. No.	Vendor Number	Vendor Message	UBI Number
2/24/98		TRU		VOD1	SMITH	

Trans Code	Program Index	Source	Amount	Invoice
198	001	410000	$1,224.00	TRUSTEE

Account Approval For Payment	Date	Warrant Total	Warrant Number
		$1,224.00	

Page: 1 Document Name: Servic-1

READMAI Read Mail For: WOTO300
YSMRVW SYSMRVWM

From : BAKG300 GAIL BAKER
Subject : Denita Smith 1350968 Date: 02/20/1998
Time: 10:04 AM

Copy : Forwarded: Y

Page: 1 Document Name: Servic-1

Mail From:

Press 'PF3' to Exit
Top<.+....1...+....2....+...3....+...4...+...5....+....6>

Todd—Please forward Jan-Feb-Mar benefits to mother per the below info. I agree to forego reimbursement for cost of care for Jan 1-6, 1998. Please remember to have check made out to mom FOR child. Please let me know when Jan-Feb $$ goes out. Thanks! Gail Baker Reg 4 Trust Fund Liaison

2/20/98

********** End of Attachment **********

Denita Smith is able to return home if her mother, Rita Klemetsen can obtain living quarters. Mother has enough money for 1st months rent and damage deposit but not enough for second month's rent and utilities deposit. The last paid foster care was 1/6/98 and the social worker doesn't plant to authorize any more payments on SSPS. The plan

is for Denita to go home 3/1/98. I am requesting that January and February's SSA checks of $599.00 each be sent to Denita's mom-

Rita Klemetsen
1602 – 18th Ave So. #306
Seattle, WA 98122
206-325-4892

Also it is too late for the March's check to be stopped and that too should be forwarded to the above address. Con't I am sending an addr change effective 3/1/98 to D.o. and a letter for mom to take to SSA for a payee change. Mom is aware that she will need to do a CDB claim for Denita when she turns 18

Denita Smith bd5/27/80
social worker is Indra Tuijillo

Thanks, Karen

ORIG. SENT TO : BAKG300
COPIES SENT TO: vaka300 trin300

****** Originated by: VAKA300 , KAREN FOMIN *****

State of Washington Revenue Refund

Agency No.	Location Code
3000	

AGENCY NAME
Department of Social & Health Services OAS/Trust Fund Unit PO Box 9501 Olympia, WA 98507-9501
CLAIMANT
RITA KEMETSEN, FOR DENITA SMITH 1602 18TH AVE S, #306 SEATTLE, WA 98122

Date	Description	Amount	Agency Use
	TO TRANSFER FUNDS FROM THE TRUST FUND ACCOUNT OF DENITA L. SMITH, 052780, FOR RENT AND DAMAGE DEPOSIT.	$614.00	5000

Prepared By	Tele. #	Date	Agency Approval	Date
//s// Todd Wollen			//s//KAREN KEGLEY-JUSTINEN	3/18/98

Dos. Date	Print Run Date	Current Doc. No.	Reference Doc. No.	Vendor Number	Vendor Message	UBI Number
3/18/98		TRU		VOD1	SMITH	

Trans Code	Program Index	Source	Amount	Invoice
198	A0000	410000	$614.00	TRUSTEE

Account Approval For Payment	Date	Warrant Total	Warrant Number
		$614.00	

Page: 1 Document Name: Servic-1

READMAIL Read Mail For: WOTO300
SMRVW SYSMRVWM

From : WOTO300 TODD WOLLEN
Subject : DENITA SMITH 1350968 Date: 03/18/1998
Time: 01:29 PM

Copy : Y Forwarded:

Page: 1 Document Name: Servic-1

Mail From:

Press 'PF3' to Exit
Top<.+....1...+....2....+...3....+...4...+...5....+....6>

Gail, This is to let you know that I have forwarded the Jan-Feb-Mar payments (for months 12/97, 1/98, 2/98). The payments were for $614.00 per month. A disbursement was done in Feb '98 for the amount of 1224.00 which Ms. Klemetsen should have received. Ms. Klemetsen should receive the Mar payment for 2/98 within 5 working days. These payments were sent out to assist in the transition of the child back home. We will take no further action unless instructed by you. . . Thanks, Todd

* * * END OF NOTE * * *
ORIG. SENT TO : BAKG300
COPIES SENT TO: VAKA300 TRIN300
WOTO300

Date: 3/18/98 Time: 01:52:58 PM

50 RANDOM ACCOUNTS
TULOWETZKE, AMANDA

SOCIAL SECURITY ACCOUNTING

Last Name	TULOWEZKE
First Name	AMANDA
MI	
SSN	[redacted]
DOB	10/19/82
Funding Source	SSI

Payments Received	$30,262.74
Interest Earned	$526.45
Payments Returned	$0.00
Account Disbursements	$11,300.26
Foster Care Reimbursement	$19,488.93
Balance	$0.00

Wednesday, January 05, 2000

REPORT DATE: 01/10/96
PURGE DATE: 11/01/96
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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
OFFICE OF ACCOUNTING SERVICES
TRUST FUND SECTION
PURGE REPORT FOR THE CLIENT TRUST FUND TRANSACTIONS

CLIENT: TULOWETZKE, AMANDA
PIC: TULOWA 101982A

DATE	DOCUMENT	NUMBER	TRANS	REV	DESCRIPTION	DEBIT	CREDIT	BALANCE
06/05/95	D.C.R.	50541	05-00	2000		674.00	0.00	674.00 DB
07/07/95	D.C.R.	50823	04-00	2000		674.00	0.00	1348.00 DB
08/08/95	D.C.R.	51118	03-00	2000		674.00	0.00	2022.00 DB
08/18/95	J.V.	00287	03-00	2000	5\95 FC	0.00	425.09	1596.91 DB
08/25/95	J.V.	00308	03-00	2000	JUNE 95 FC	0.00	425.09	1171.82 DB
09/07/95	D.C.R.	51381	01-01	2000		674.00	0.00	1845.82 DB
09/29/95	J.V.	00720	01-01	2000	07-95 FC	0.00	433.59	1412.23 DB
10/04/95	D.C.R	51657	01-01	2000		674.00	0.00	2086.23 DB
10/10/95	J.V.	00958	01-01	2000	07-95 FC	0.00	200.00	1886.23 DB
10/19/95	J.V.	00989	01-01	2000	08-95 FC	0.00	433.59	1452.64 DB

REPORT DATE: 10/09/96
PURGE DATE: 07/01/96
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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
OFFICE OF ACCOUNTING SERVICES
TRUST FUND SECTION
PURGE REPORT FOR THE CLIENT TRUST FUND TRANSACTIONS

CLIENT: TULOWETZKE, AMANDA
PIC: TULOWA 10198[illegible]A

DATE	DOCUMENT	NUMBER	TRANS	REV	DESCRIPTION	DEBIT	CREDIT	BALANCE
11/01/95	D.C.R	00000			BAL FWD	1452.64	0.00	1452.64 DB
11/06/95	J.V.	01350	01-01	2000	08-95 FC	0.00	290.42	1162.22 DB
11/06/95	D.C.R.	51933	01-01	2000		674.00	0.00	1836.22 DB
11/13/95	J.V.	01354	01-01	2000	09-95 FC	0.00	433.59	1402.63 DB
11/27/95	INVOICE	C7682	C7682	8000	TC SAVINGS	0.00	900.00	502.63 DB
12/07/95	D.C.R.	52197	01-01	2000		674.00	0.00	1176.63 DB
12/15/95	J.V.	01668	01-01	2000	10-95 FC	0.00	463.59	713.04 DB
01/04/96	D.C.R	52426	01-01	2000		691.00	0.00	1404.04 DB

01/16/96	J.V.	01956	01-01	2000	11-95 FC	0.00	433.59	970.45	DB	
02/06/96	D.C.R.	52718	01-01	2000		691.00	0.00	1661.45	DB	
02/16/96	J.V.	02378	01-01	2000	12-95 FC	0.00	433.59	1227.86	DB	
02/27/97	INVOICE	C3285	C3285	7000	TO SAVINGS	0.00	760.00	467.86	DB	
03/06/97	D.C.R.	52966	01-01	2000		691.00	0.00	1158.86	DB	
03/15/96	J.V.	02797	01-01	2000	01-96 FC	0.00	476.34	682.52	DB	
04/08/96	D.C.R	53268	01-01	2000		691.00	0.00	1373.52	DB	
04/15/96	J.V.	03091	01-01	2000	02-96 FC	0.00	413.25	960.27	DB	
05/07/96	D.C.R.	53543	01-01	2000		691.00	0.00	1651.27	DB	
05/15/96	J.V.	03358	01-01	2000	03-96 FC	0.00	453.21	1198.06	DB	
06/06/96	D.C.R.	53809	01-01	2000		691.00	0.00	1889.06	DB	
06/14/96	J.V.	03716	01-01	2000	04-96 FC	0.00	627.56	1261.50	DB	
06/17/96	INVOICE	C2196	C2196	2000		0.00	100.00	1161.50	DB	

REPORT DATE: 04/08/98
PURGE DATE: 01/01/98
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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
OFFICE OF ACCOUNTING SERVICES
TRUST FUND SECTION
PURGE REPORT FOR THE CLIENT TRUST FUND TRANSACTIONS

CLIENT: TULOWETZKE, AMANDA
PIC: TULOWA 101982A

DATE	DOCUMENT	NUMBER	TRANS	REV	DESCRIPTION	DEBIT	CREDIT	BALANCE	
07/01/96	D.C.R	00000			BAL FWD	1161.50	0.00	1161.50	DB
07/05/96	D.C.R.	54074	01-01	2000		691.00	0.00	1852.50	DB
07/15/96	J.V.	04072	01-01	2000	05-96 FC	0.00	572.66	1279.84	DB
07/30/96	INVOICE	G8471	G8471	7000	TO SAVINGS	0.00	450.00	829.84	DB
08/08/96	D.C.R.	54381	05-00	2000		691.00	0.00	1520.84	DB
08/15/96	J.V.	04637	02-00	2000	6-96 FC	0.00	807.76	713.08	DB
08/16/96	INVOICE	96229	G8768	2000		0.00	300.00	413.08	DB
09/09/96	D.C.R.	54647	06-00	2000		691.00	0.00	1104.08	DB

09/13/96	J.V.	05407	02-00	2000	7-96 FC	0.00	584.11	519.97	DB	
10/07/96	D.C.R.	54903	11-00	2000		691.00	0.00	1210.97	DB	
10/14/96	J.V.	05482	02-00	2000	8-96 FC	0.00	584.11	626.86	DB	
11/05/96	D.C.R.	3	01-00	2000	10/96	691.00	0.00	1317.86	DB	
11/15/96	J.V.	05836	01-01	2000	9/96 FC	0.00	584.11	733.75	DB	
12/09/96	D.C.R.	21	01-00	2000	11/96	691.00	0.00	1424.75	DB	
12/13/96	J.V.	06212	02-00	2000	10-96 FC	0.00	584.11	840.64	DB	
01/07/97	D.C.R.	36	01-00	2000	12/96	711.00	0.00	1551.64	DB	
01/15/97	J.V.	06542	01-01	2000	NOV 96 FC	0.00	620.61	931.03	DB	
02/06/97	D.C.R.	56	01-00	2000	01/97	711.00	0.00	1642.03	DB	
02/10/97	J.V.	06934	02-00	2000	12-96 FC	0.00	584.11	1057.92	DB	
03/07/97	D.C.R	72	01-00	2000	02/97	711.00	0.00	1768.92	DB	
03/17/97	J.V.	07188	01-01	2000	1/97 FC	0.00	594.89	1174.03	DB	
03/27/97	INVOICE	G0342	G0342	7000	TO SAVINGS	0.00	1170.00	4.03	DB	
04/04/97	D.C.R.	93	01-00	2000	03/97	711.00	0.00	715.03	DB	
05/14/97	D.C.R.	114	01-00	2000	04/97	711.00	0.00	1426.03	DB	
05/14/97	J.V.	07879	01-01	2000	3/97 FC	0.00	441.92	984.11	DB	
05/19/97	INVOICE	97139	C6315	2000		0.000	250.00	734.11	DB	
06/02/97	J.V.	08299	01-01	2000	03/97	0.00	115.32	618.79	DB	

REPORT DATE: 04/08/98
PURGE DATE: 01/01/98
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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
OFFICE OF ACCOUNTING SERVICES
TRUST FUND SECTION
PURGE REPORT FOR THE CLIENT TRUST FUND TRANSACTIONS

CLIENT: TULOWETZKE, AMANDA
PIC: TULOWA 101982A

DATE	DOCUMENT	NUMBER	TRANS	REV	DESCRIPTION	DEBIT	CREDIT	BALANCE	
06/06/97	D.C.R.	129	01-00	2000	05/97	-711.00	0.00	1329.79	DB
06/14/97	J.V.	08215	01-01	2000	04/97	0.00	584.96	744.83	DB
07/08/97	D.C.R.	146	01-00	2000	06/97	-711.00	0.00	1455.83	DB
07/15/97	J.V.	00056	01-01	2000	05/97	0.00	-775.16	680.67	DB
08/06/97	D.C.R.	166	01-00	2000	07/97	711.00	0.00	1391.67	DB
08/15/97	J.V.	10348	01-01	2000	06/97	0.00	-73.02	1318.65	DB
09/05/97	D.C.R.	183	01-00	2000	08/97	711.00	0.00	2029.65	DB
10/07/97	D.C.R.	200	01-00	2000	09/97	711.00	0.00	2740.65	DB

10/13/97	INVOICE	C1947	C1938	5000	/	0.00	200.00	2540.65	DB
11/05/97	D.C.R.	214	01-00	2000	10/97	711.00	0.00	3251.65	DB
11/14/97	INVOICE	C3447	C3448	2000	/	0.00	875.00	2376.65	DB
12/08/97	D.C.R.	232	01-00	2000	11-97	711.00	0.00	3087.65	DB
12/15/97	J.V.	16225	01-01	2000	10/97	0.00	322.98	2764.67	DB
12/26/97	INVOICE	97360	C5547	7000	TO SAVINGS	0.00	2200.00	564.67	DB
12/26/97	J.V.	X0644	01-01	7000	CORRECT ERROR	2200.00	0.00	2764.67	DB

REPORT DATE: 04/22/99
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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
OFFICE OF ACCOUNTING SERVICES
TRUST FUND SECTION
CLIENT TRUST FUND TRANSACTIONS

CLIENT: TULOWETZKE, AMANDA
PERSON ID: 249771
PIC: TULOWA 101982A

DATE	DOCUMENT	NUMBER	TRANS	REV	DESCRIPTION	DEBIT	CREDIT	BALANCE	
01/01/98	D.C.R.	00000			BAL FWD	2764.67	0.00	2764.67	DB
01/07/98	D.C.R.	250	01-00	2000	12/97	726.00	0.00	3490.67	DB
01/15/98	J.V.	19085	01-01	2000	11/97	0.00	468.04	3022.63	DB
02/05/98	D.C.R.	265	01-00	2000	01/98	726.00	0.00	3748.63	DB
02/13/98	J.V.	22535	01-01	2000	12/97	0.00	468.04	3280.59	DB
02/25/98	INVOICE	98056	C8807	7000	/	0.00	2554.00	726.59	DB
02/27/98	D.C.R.	11111	01-01	7000	FROM SAVINGS	10.00	0.00	736.59	DB
03/05/98	D.C.R.	280	01-00	2000	02/98	726.00	0.00	1462.59	DB
03/13/98	J.V.	25655	01-01	2000	01/98	0.00	468.04	994.55	DB
04/09/98	D.C.R.	319	01-00	2000	03/98	726.00	0.000	1720.55	DB

04/15/98	J.V.	03015	01-01	2000	02/98	0.00	468.04	1252.51	DB
05/07/98	D.C.R.	325	01-00	2000	04/98	726.00	0.00	1978.51	DB
05/15/98	J.V.	03372	01-01	2000	03-98	0.00	561.37	1417.14	DB
06/08/98	D.C.R.	346	01-00	2000	05/98	726.00	0.00	2143.14	DB
06/15/98	J.V.	03832	01-01	2000	04/98	0.00	510.62	1632.52	DB
07/01/98	J.V.	04439	01-01	5000	04/98	8.74	0.00	1641.26	DB
07/08/98	D.C.R.	366	01-00	2000	06/98	726.00	0.00	2367.26	DB
07/15/98	J.V.	04375	01-01	2000	05/98	0.00	468.04	1899.22	DB
07/29/98	INVOICE	98210	6568J	7000		0.00	1000.00	899.22	DB
08/07/98	D.C.R.	388	01-00	2000	07/98	726.00	0.00	1625.22	DB
08/14/98	J.V.	04821	01-01	2000	06/98	0.00	468.04	1157.18	DB
08/17/98	INVOICE	98229	C7409	2000	/	0.00	377.50	779.68	DB
09/09/98	D.C.R.	406	01-00	2000	08/98	726.00	0.00	1505.68	DB
09/15/98	J.V.	05251	01-01	2000	07/98	0.00	480.54	1025.14	DB
09/29/98	INVOICE	98272	9875F	7000	TO SAVINGS	0.00	545.00	480.14	
10/07/98	D.C.R.	425	01-00	2000	09/98	726.00	0.00	1206.14	DB
10/15/98	J.V.	05705	01-01	2000	08/98	0.00	480.54	726.60	DB
11/06/98	D.C.R.	445	01-00	2000	10/98	726.00	0.00	1451.60	DB
11/13/98	J.V.	05922	01-01	2000	09/98	0.00	480.54	971.06	DB
12/09/98	D.C.R.	466	01-00	2000	11/98	726.00	0.00	1697.06	DB

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
OFFICE OF ACCOUNTING SERVICES
TRUST FUND SECTION
CLIENT TRUST FUND TRANSACTIONS

CLIENT: TULOWETZKE, AMANDA
PERSON ID: 249771
PIC: TULOWA 101982A

DATE	DOCUMENT	NUMBER	TRANS	REV	DESCRIPTION	DEBIT	CREDIT	BALANCE	
12/22/98	INVOICE	98356	C3989	2000	ACCT BALANCE	0.00	9197.76	7500.70	CR
01/15/99	J.V.	06585	01-01	2000	11/98	0.00	394.75	7895.45	CR
01/29/99	D.C.R.	494	01-00	7000	01/99	7895.45	0.00	0.00	

REPORT DATE: 10/30/96
PURGE DATE: 07/01/96
PAGE: 1

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
OFFICE OF ACCOUNTING SERVICES
TRUST FUND SECTION
PURGE REPORTCLIENT MONEY MARKET TRANSACTIONS

CLIENT: TULOWETZKE, AMANDA
PIC: TULOWA 101982A ACCOUNT: H

DATE	TRANSACTION	DESCRIPTION	DEBIT	CREDIT	BALANCE	
		BALANCE FORWARD			0.00	
11/30/95	INTEREST		0.09	0.00	0.09	DB
11/30/95	DEPOSIT	NEW ACCOUNT	900.00	0.00	900.09	DB
12/31/95	INTEREST		3.55	0.00	903.64	DB
01/31/96	INTEREST		3.14	0.00	906.78	DB
02/27/96	DEPOSIT	DEPOSIT	760.00	0.00	1666.78	DB
02/29/96	INTEREST		2.88	0.00	1669.66	DB
03/31/96	INTEREST		6.19	0.00	1675.85	DB
04/30/96	INTEREST		5.75	0.00	1681.60	DB
05/31/96	INTEREST		4.94	0.00	1686.54	DB
06/30/96	INTEREST		5.77	0.00	1692.31	DB

334

REPORT DATE: 08/02/96

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
OFFICE OF ACCOUNTING SERVICES
TRUST FUND SECTION

ANALYSIS OF MONEY INTEREST BY ACCOUNTY BY CLIENT FOR 07/96

ACCOUNT	CLIENT ID	MANUAL INTEREST	CALCULATED INTEREST	POSTED INTEREST	MESSAGES
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H	TULWA 101982A	0.00	6.03 DB	6.04 DB	
******	**********	*******	*********	******	
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******	**********	*******	*********	******	Calculated/Manual Interest Not Equal
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H	**********	*******	*********	******	
H	**********	*******	*********	******	

REPORT DATE: 09/04/96

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
OFFICE OF ACCOUNTING SERVICES
TRUST FUND SECTION

ANALYSIS OF MONEY INTEREST BY ACCOUNTY BY CLIENT FOR 08/96

ACCOUNT	CLIENT ID	MANUAL INTEREST	CALCULATED INTEREST	POSTED INTEREST	MESSAGES
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H	TULWA 101982A	0.00	7.61 DB	7.61 DB
******	**********	*******	*********	******
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REPORT DATE: 10/08/96

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
OFFICE OF ACCOUNTING SERVICES
TRUST FUND SECTION

ANALYSIS OF MONEY INTEREST BY ACCOUNTY BY CLIENT FOR 09/96

ACCOUNT	CLIENT ID	MANUAL INTEREST	CALCULATED INTEREST	POSTED INTEREST	MESSAGES
******	**********	*******	*********	******	
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******	**********	*******	*********	******	Calculated/Manual Interest Not Equal
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H	**********	*******	*********	******	Calculated/Manual Interest Not Equal
H	TULWA 101982A	0.00	7.33 DB	7.32 DB	
H	**********	*******	*********	******	
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REPORT DATE: 11/07/96

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
OFFICE OF ACCOUNTING SERVICES
TRUST FUND SECTION

ANALYSIS OF MONEY INTEREST BY ACCOUNTY BY CLIENT FOR 10/96

ACCOUNT	CLIENT ID	MANUAL INTEREST	CALCULATED INTEREST	POSTED INTEREST	MESSAGES
H	**********	*******	*********	******	
H	**********	*******	*********	******	
H	**********	*******	*********	******	Calculated/Manual Interest Not Equal
H	**********	*******	*********	******	
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H	TULWA 101982A	0.00	7.63 DB	7.63 DB
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REPORT DATE: 12/04/96

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
OFFICE OF ACCOUNTING SERVICES
TRUST FUND SECTION

ANALYSIS OF MONEY INTEREST BY ACCOUNTY BY CLIENT FOR 11/96

ACCOUNT	CLIENT ID	MANUAL INTEREST	CALCULATED INTEREST	POSTED INTEREST	MESSAGES
******	**********	*******	*********	******	
H	**********	*******	*********	******	
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H	TULWA 101982A	0.00	7.42 DB	7.42 DB
H	**********	*******	**********	******
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REPORT DATE: 01/06/97

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
OFFICE OF ACCOUNTING SERVICES
TRUST FUND SECTION

ANALYSIS OF MONEY INTEREST BY ACCOUNTY BY CLIENT FOR 12/96

ACCOUNT	CLIENT ID	MANUAL INTEREST	CALCULATED INTEREST	POSTED INTEREST	MESSAGES
******	**********	*******	*********	******	
******	**********	*******	*********	******	
******	**********	*******	*********	******	Calculated/Manual Interest Not Equal
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H	TULWA 101982A	0.00	7.25 DB	7.19 DB	

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H	**********	*******	*********	******	
******	**********	*******	*********	******	Calculated/Manual Interest Not Equal

REPORT DATE: 02/04/97

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
OFFICE OF ACCOUNTING SERVICES
TRUST FUND SECTION

ANALYSIS OF MONEY INTEREST BY ACCOUNTY BY CLIENT

ACCOUNT	CLIENT ID	MANUAL INTEREST	CALCULATED INTEREST	POSTED INTEREST	MESS
H	**********	*******	*********	******	
H	**********	*******	*********	******	
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H	TULWA 101982A	0.00	6.40 DB	6.38 DB	
H	**********	*******	*********	******	
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H	xxxxxxxxxxxx	xxxxxxx	xxxxxxxxx	xxxxxx	
H	xxxxxxxxxxxx	xxxxxxx	xxxxxxxxx	xxxxxx	
H	xxxxxxxxxxxx	xxxxxxx	xxxxxxxxx	xxxxxx	
H	xxxxxxxxxxxx	xxxxxxx	xxxxxxxxx	xxxxxx	
H	xxxxxxxxxxxx	xxxxxxx	xxxxxxxxx	xxxxxx	
H	xxxxxxxxxxxx	xxxxxxx	xxxxxxxxx	xxxxxx	
H	xxxxxxxxxxxx	xxxxxxx	xxxxxxxxx	xxxxxx	
H	xxxxxxxxxxxx	xxxxxxx	xxxxxxxxx	xxxxxx	
H	xxxxxxxxxxxx	xxxxxxx	xxxxxxxxx	xxxxxx	
H	xxxxxxxxxxxx	xxxxxxx	xxxxxxxxx	xxxxxx	
H	xxxxxxxxxxxx	xxxxxxx	xxxxxxxxx	xxxxxx	

REPORT DATE: 03/17/97

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
OFFICE OF ACCOUNTING SERVICES
TRUST FUND SECTION

ANALYSIS OF MONEY INTEREST BY ACCOUNTY BY CLIENT

ACCOUNT	CLIENT ID	MANUAL INTEREST	CALCULATED INTEREST	POSTED INTEREST	MESS
xxxxxx	xxxxxxxxxxxx	xxxxxxx	xxxxxxxxx	xxxxxx	
xxxxxx	xxxxxxxxxxxx	xxxxxxx	xxxxxxxxx	xxxxxx	
xxxxxx	xxxxxxxxxxxx	xxxxxxx	xxxxxxxxx	xxxxxx	
xxxxxx	xxxxxxxxxxxx	xxxxxxx	xxxxxxxxx	xxxxxx	
xxxxxx	xxxxxxxxxxxx	xxxxxxx	xxxxxxxxx	xxxxxx	
xxxxxx	xxxxxxxxxxxx	xxxxxxx	xxxxxxxxx	xxxxxx	
xxxxxx	xxxxxxxxxxxx	xxxxxxx	xxxxxxxxx	xxxxxx	
xxxxxx	xxxxxxxxxxxx	xxxxxxx	xxxxxxxxx	xxxxxx	
H	TULWA 101982A	0.00	5.83 DB	5.83 DB	
xxxxxx	xxxxxxxxxxxx	xxxxxxx	xxxxxxxxx	xxxxxx	
xxxxxx	xxxxxxxxxxxx	xxxxxxx	xxxxxxxxx	xxxxxx	
xxxxxx	xxxxxxxxxxxx	xxxxxxx	xxxxxxxxx	xxxxxx	

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REPORT DATE: 04/03/97

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
OFFICE OF ACCOUNTING SERVICES
TRUST FUND SECTION

ANALYSIS OF MONEY INTEREST BY ACCOUNTY BY CLIENT

ACCOUNT	CLIENT ID	MANUAL INTEREST	CALCULATED INTEREST	POSTED INTEREST	MESS
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H	TULWA 101982A	0.00	8.00 DB	7.99 DB	
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REPORT DATE: 05/05/97

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
OFFICE OF ACCOUNTING SERVICES
TRUST FUND SECTION

ANALYSIS OF MONEY INTEREST BY ACCOUNTY BY CLIENT

ACCOUNT	CLIENT ID	MANUAL INTEREST	CALCULATED INTEREST	POSTED INTEREST	MESS
******	**********	*******	*********	******	
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H	TULWA 101982A	0.00	11.95 DB	11.97 DB	
H	**********	*******	*********	******	
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H	xxxxxxxxxxxx	xxxxxxx	xxxxxxxxx	xxxxxx	
xxxxxx	xxxxxxxxxxxx	xxxxxxx	xxxxxxxxx	xxxxxx	
xxxxxx	xxxxxxxxxxxx	xxxxxxx	xxxxxxxxx	xxxxxx	
H	xxxxxxxxxxxx	xxxxxxx	xxxxxxxxx	xxxxxx	
xxxxxx	xxxxxxxxxxxx	xxxxxxx	xxxxxxxxx	xxxxxx	
H	xxxxxxxxxxxx	xxxxxxx	xxxxxxxxx	xxxxxx	CALC
xxxxxx	xxxxxxxxxxxx	xxxxxxx	xxxxxxxxx	xxxxxx	CALC
H	xxxxxxxxxxxx	xxxxxxx	xxxxxxxxx	xxxxxx	
xxxxxx	xxxxxxxxxxxx	xxxxxxx	xxxxxxxxx	xxxxxx	
xxxxxx	xxxxxxxxxxxx	xxxxxxx	xxxxxxxxx	xxxxxx	
xxxxxx	xxxxxxxxxxxx	xxxxxxx	xxxxxxxxx	xxxxxx	
xxxxxx	xxxxxxxxxxxx	xxxxxxx	xxxxxxxxx	xxxxxx	

REPORT DATE: 06/09/97

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
OFFICE OF ACCOUNTING SERVICES
TRUST FUND SECTION

ANALYSIS OF MONEY INTEREST BY ACCOUNTY BY CLIENT

ACCOUNT	CLIENT ID	MANUAL INTEREST	CALCULATED INTEREST	POSTED INTEREST	MESS
xxxxxx	xxxxxxxxxxxx	xxxxxxx	xxxxxxxxx	xxxxxx	
xxxxxx	xxxxxxxxxxxx	xxxxxxx	xxxxxxxxx	xxxxxx	
xxxxxx	xxxxxxxxxxxx	xxxxxxx	xxxxxxxxx	xxxxxx	
xxxxxx	xxxxxxxxxxxx	xxxxxxx	xxxxxxxxx	xxxxxx	CAL
xxxxxx	xxxxxxxxxxxx	xxxxxxx	xxxxxxxxx	xxxxxx	
xxxxxx	xxxxxxxxxxxx	xxxxxxx	xxxxxxxxx	xxxxxx	
xxxxxx	xxxxxxxxxxxx	xxxxxxx	xxxxxxxxx	xxxxxx	
xxxxxx	xxxxxxxxxxxx	xxxxxxx	xxxxxxxxx	xxxxxx	
H	TULWA 101982A	0.00	11.54 DB	11.55 DB	
xxxxxx	xxxxxxxxxxxx	xxxxxxx	xxxxxxxxx	xxxxxx	
xxxxxx	xxxxxxxxxxxx	xxxxxxx	xxxxxxxxx	xxxxxx	
xxxxxx	xxxxxxxxxxxx	xxxxxxx	xxxxxxxxx	xxxxxx	

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REPORT DATE: 07/03/97

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
OFFICE OF ACCOUNTING SERVICES
TRUST FUND SECTION

ANALYSIS OF MONEY INTEREST BY ACCOUNTY BY CLIENT

ACCOUNT	CLIENT ID	MANUAL INTEREST	CALCULATED INTEREST	POSTED INTEREST	MESS
******	**********	*******	*********	******	
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******	**********	*******	*********	******	
******	**********	*******	*********	******	CALC
******	**********	*******	*********	******	
H	TULWA 101982A	0.00	9.62 DB	9.60 DB	
******	**********	*******	*********	******	
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REPORT DATE: 08/04/97

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
OFFICE OF ACCOUNTING SERVICES
TRUST FUND SECTION

ANALYSIS OF MONEY INTEREST BY ACCOUNTY BY CLIENT

ACCOUNT	CLIENT ID	MANUAL INTEREST	CALCULATED INTEREST	POSTED INTEREST	MESS
******	**********	*******	*********	******	
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H	**********	*******	*********	******	
H	TULWA 101982A	0.00	11.68 DB	11.66 DB	
******	**********	*******	*********	******	
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******	**********	*******	*********	******	
******	**********	*******	*********	******	CALC
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REPORT DATE: 09/10/97

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
OFFICE OF ACCOUNTING SERVICES
TRUST FUND SECTION

ANALYSIS OF MONEY INTEREST BY ACCOUNTY BY CLIENT

ACCOUNT	CLIENT ID	MANUAL INTEREST	CALCULATED INTEREST	POSTED INTEREST	MESS
******	**********	*******	*********	******	
******	**********	*******	*********	******	
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******	**********	*******	*********	******	
H	TULWA 101982A	0.00	10.26 DB	10.26 DB	
H	**********	*******	*********	******	
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H	**********	*******	*********	******

REPORT DATE: 08/97

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
OFFICE OF ACCOUNTING SERVICES
TRUST FUND SECTION

ANALYSIS OF MONEY INTEREST BY ACCOUNTY BY CLIENT

ACCOUNT	CLIENT ID	MANUAL INTEREST	CALCULATED INTEREST	POSTED INTEREST	MESS
******	**********	*******	*********	******	
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******	**********	*******	*********	******	
******	**********	*******	*********	******	
H	TULWA 101982A	0.00	11.76 DB	11.76 DB	
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REPORT DATE: 10/30/97

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
OFFICE OF ACCOUNTING SERVICES
TRUST FUND SECTION

ANALYSIS OF MONEY INTEREST BY ACCOUNTY BY CLIENT

ACCOUNT	CLIENT ID	MANUAL INTEREST	CALCULATED INTEREST	POSTED INTEREST	MESS
******	**********	*******	*********	******	
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******	**********	*******	*********	******	
******	**********	*******	*********	******	
H	TULWA 101982A	0.00	12.21 DB	12.22 DB	
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REPORT DATE: 12/03/97

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
OFFICE OF ACCOUNTING SERVICES
TRUST FUND SECTION

ANALYSIS OF MONEY INTEREST BY ACCOUNTY BY CLIENT

ACCOUNT	CLIENT ID	MANUAL INTEREST	CALCULATED INTEREST	POSTED INTEREST	MESS
******	**********	*******	*********	******	
******	**********	*******	*********	******	
H	TULWA 101982A	0.00	11.85 DB	11.85 DB	
******	**********	*******	*********	******	
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REPORT DATE: 01/07/98

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
OFFICE OF ACCOUNTING SERVICES
TRUST FUND SECTION

ANALYSIS OF MONEY INTEREST BY ACCOUNTY BY CLIENT

ACCOUNT	CLIENT ID	MANUAL INTEREST	CALCULATED INTEREST	POSTED INTEREST	MESS
******	**********	*******	*********	******	
******	**********	*******	*********	******	
H	TULWA 101982A	0.00	12.30 DB	12.29 DB	
******	**********	*******	*********	******	
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XXXXXX	XXXXXXXXXXX	XXXXXXX	XXXXXXXXX	XXXXXX
XXXXXX	XXXXXXXXXXX	XXXXXXX	XXXXXXXXX	XXXXXX
XXXXXX	XXXXXXXXXXX	XXXXXXX	XXXXXXXXX	XXXXXX
XXXXXX	XXXXXXXXXXX	XXXXXXX	XXXXXXXXX	XXXXXX
XXXXXX	XXXXXXXXXXX	XXXXXXX	XXXXXXXXX	XXXXXX
XXXXXX	XXXXXXXXXXX	XXXXXXX	XXXXXXXXX	XXXXXX
XXXXXX	XXXXXXXXXXX	XXXXXXX	XXXXXXXXX	XXXXXX

SUBSIDIARY MONEY MARKET ACCOUNT

NAME: TULOWETZKE, AMANDA BIRTHDAY: 10/19/82 CASE NO: 37-D-153252-2
SSNO: 574-68-5379 ACCTNO: TULOWA 101982A PERSON ID: 249771

DATE	ACCT	TYPE	DESCRIPTION	DEBIT	CREDIT	BALANCE
01/31/98	T	C		12.33	0.00	3491.21
02/27/98	T	W	WITHDRAWAL	0.00	10.00	3481.21
02/27/98	T	D	DEPOSIT	2554.00	0.00	6035.21
02/28/98	T	C		11.64	0.00	6046.85
03/31/98	T	C		21.43	0.00	6068.28
04/30/98	T	C		20.85	0.00	6089.13
05/31/98	T	C		21.75	0.00	6110.88
06/30/98	T	C		20.98	0.00	6131.86
07/30/98	T	D	DEPOSIT	1000.00	0.00	7131.86
07/31/98	T	C		31.71	0.00	7163.57
08/31/98	T	C		37.81	0.00	7201.38
09/30/98	T	D	DEPOSIT	545.00	0.00	7746.38

ENTER OPTION (N=NEXT, P=PRIOR, T=TOP, B=BOTTOM, Q=QUIT)

SUBSIDIARY MONEY MARKET ACCOUNT

NAME: TULOWETZKE, AMANDA
SSNO: 574-68-5379

BIRTHDAY: 10/19/82
ACCTNO: TULOWA 101982A

CASE NO: 37-D-153252-2
PERSON ID: 249771

DATE	ACCT	TYPE	DESCRIPTION	DEBIT	CREDIT	BALANCE
09/30/98	T	C		36.87	0.00	7783.25
10/31/98	T	C		41.13	0.00	7824.38
11/30/98	T	C		39.78	0.00	7864.16
12/31/98	T	C		20.04	0.00	7884.20
01/25/99	T	I	CLOSING INT	11.25	0.00	7895.45
01/26/99	T	W	CLOSE ACCOUNT	0.00	7895.45	0.00
01/31/99	T	C		0.00	0.00	0.00

END

ENTER OPTION (N=NEXT, P=PRIOR, T=TOP, B=BOTTOM, Q=QUIT)

A-19 State of Washington Revenue Refund	Agency No. 3000	Location Code

AGENCY NAME
Department of Social & Health Services OAS/Trust Fund Unit PO Box 9501 Olympia, WA 98507-9501
CLAIMANT
CHARLES SCOTT, FOR AMANDA TULOWETSKE 2905 EVERGREEN AVE. BELLINGHAM, WA 98226

Date	Description	Amount	Agency Use
	TO TRANSFER FUNDS FROM THE TRUST FUND ACCOUNT OF AMANDA TULOWETSKE, 101982 FOR CLOTHING	$100.00	SSA

Prepared By	Tele. #	Date	Agency Approval	Date
//s// Todd Wollen			'/s/KAREN KEGLE r JUSTINEN	6/11/96

Dos. Date	Print Run Date	Current Doc. No.	Reference Doc. No.	Vendor Number	Vendor Message	UBI Number
6/12/96				VOD1		

Trans Code	Program Index	Source	Amount	Invoice
198	A0000	410000	$100.00	TulowetzkeT

Account Approval For Payment	Date	Warrant Total	Warrant Number
		$100.00	

READMAIL Read Mail For: WOTO300 SYSMRVW

From: KILI300 LINDA KIRKLAND
Subject: SSA FUNDS_37-D-153252-2
Date: 06/12/96
Time: 08:50 AM
Copy: Forwarded: Read: Reply:

I NEED TO REQUEST $100.00 FROM AMANDA TULOWETZSKI'S TRUST FUND FOR CLOTHING. PLEASE SEND A CHECK IN THE NAME OF THE FOSTER PARENT, CHARLES SCOTT, TO 2905 EVERGREEN AVE. BELLINGHAM, WA. 98226

END OF NOTE

Forwarded to ID:_____ Attachment: Y
Forward Acknowledgement: ___ (Y or Blank)
CMD: _____ _____

A-19 State of Washington Revenue Refund	Agency No.	Location Code
	3000	

AGENCY NAME
Department of Social & Health Services OAS/Trust Fund Unit PO Box 9501 Olympia, WA 98507-9501
CLAIMANT
ALBERT COX, FOR AMANDA TULOWETSKE 2905 EVERGREEN AVE. BELLINGHAM, WA 98226

Date	Description	Amount	Agency Use
	TO TRANSFER FUNDS FROM THE TRUST FUND ACCOUNT OF AMANDA TULOWETSKE, 101982 FOR CLOTHING	$300.00	SSA

Prepared By	Tele. #	Date	Agency Approval	Date
//s// Todd Wollen		–	//s//KAREN KEGLEY JUSTINEN	08/12/96

Dos. Date	Print Run Date	Current Doc. No.	Reference Doc. No.	Vendor Number	Vendor Message	UBI Number
8/7/96				VOD1		

Trans Code	Program Index	Source	Amount	Invoice
198	A0000	410000	$300.00	TulowetzkeT

Account Approval For Payment	Date	Warrant Total	Warrant Number
		$300.00	

READMAIL Read Mail For: WOTO300 SYSMRVW

From: KILI300 Linda Kirkland
Subject: SSA Funds__37-D-153252-2
Date: 08/07/96
Time: 01:38 PM
Copy: Forwarded: Read: Reply:

I AM REQUESTING $300.00 FROM AMANDA TULOWETZSKI'S TRUST FUND FOR SCHOOL CLOTHING. PLEASE SEND A CHECK TO ALBERTS COX 2905 EVERGREEN AVE. BELLINGHAM, WA. 98226. THANK YOU.

END OF NOTE

Forwarded to ID:_____ Attachment: Y
Forward Acknowledgement: ___ (Y or Blank)
CMD: _____ _____

A-19 State of Washington Revenue Refund	Agency No.	Location Code
	3000	

AGENCY NAME
Department of Social & Health Services OAS/Trust Fund Unit PO Box 9501 Olympia, WA 98507-9501
CLAIMANT
ANN AND STEVE PARKER, FOR AMANDA TULOWETSKE 7089 OLSEN RD. FERNDALE, WA 98248

Date	Description	Amount	Agency Use
	TO TRANSFER FUNDS FROM THE TRUST FUND ACCOUNT OF AMANDA TULOWETSKE, 101982 FOR CLOTHING	$250.00	SSA

Prepared By	Tele. #	Date	Agency Approval	Date
//s// Todd Wollen			//s//KAREN KEGLEY JUSTINEN	5/16/97

Dos. Date	Print Run Date	Current Doc. No.	Reference Doc. No.	Vendor Number	Vendor Message	UBI Number
5/13/97				VOD1		

Trans Code	Program Index	Source	Amount	Invoice
198	A0000	410000	$250.00	Trustee

Account Approval For Payment	Date	Warrant Total	Warrant Number
		$250.00	

Page: 1 Document Name: Servic~1

READMAIL Read Mail For: WOTO300 SYSMRVW

From: KEFK300 KAREN KEGLEY JUSTINEN
Subject: SSA FUNDS FOR AMANDA TULOWETZK
Date: 05/13/97
Time: 03:03 P
Copy: Forwarded: Y Read: Reply:

Page: 1 Document Name: Servic~1

Mail From:

PLEASE HANDLE. THANKS.

End of Attachment

AMANDA HAS OUTGROWN NEARLY ALL OF HER CLOTHES. SHE WILL NEED REPLACEMENT CLOTHES FOR THE REST OF THE SCHOOL YEAR, PLUS SUMMER SCHOOL. PLEASE SEND $250 FROM HER TRUST FUND TO COVER THESE ITEMS.

AMANDA TULOWETZKI 0 37 D 153252 2
FOSTER HOME: ANN AND STEVE PARKER
7089 OLSEN RD.
FERNDALE, WA 98248

END OF NOTE

Originated by: KILI300, LINDA KIRKLAND

Date: 5/13/97 Time: 03:31:40 PM

A-19 State of Washington Revenue Refund	Agency No.	Location Code
	3000	

AGENCY NAME
Department of Social & Health Services OAS/Trust Fund Unit PO Box 9501 Olympia, WA 98507-9501
CLAIMANT
GAYLE CARMICHAEL, FOR AMANDA TULOWETSKE 1720 ELLIS ST, SUITE 100 BELLINGHAM, WA 98225

Date	Description	Amount	Agency Use
	TO TRANSFER FUNDS FROM THE TRUST FUND ACCOUNT OF AMANDA TULOWETSKE, 101982 FOR CLOTHING	$200.00	SSA

Prepared By	Tele. #	Date	Agency Approval	Date
//s// TODD WOLLEN			//s// KAREN KEGLEY JUSTINEN	10/7/97

Dos. Date	Print Run Date	Current Doc. No.	Reference Doc. No.	Vendor Number	Vendor Message	UBI Number
10/7/97				VOD1	TULOWETZKE	

Trans Code	Program Index	Source	Amount	Invoice
198	A0000	410000	$200.00	Trustee

Account Approval For Payment	Date	Warrant Total	Warrant Number
		$200.00	

Page: 1 Document Name: Servic~1

READMAIL Read Mail For: WOTO300 SYSMRVW

From: KEFK300 KAREN KEGLEY JUSTINEN
Subject: Amanda Tulowetzki_37-D-153252-2
Date: 10/07/97
Time: 11:00 AM
Copy: Forwarded: Y Read: Reply:

Page: 1 Document Name: Servic~1

Mail From:

please handle. thanks.

End of Attachment

Karen, could you please send $200.00 from Amanda Tulowetke's Trust Fund for school clothes?

Foster Parent:
Gayle Carmichael
1720 Ellis St. Suite 100
Bellingham, WA. 98225
Thanks much!!

End of Note

Originated by: KILI300, LINDA KIRKLAND

Date: 10/7/97 Time: 11:10:25 AM

A-19 State of Washington Revenue Refund	Agency No.	Location Code
	3000	

AGENCY NAME
Department of Social & Health Services OAS/Trust Fund Unit PO Box 9501 Olympia, WA 98507-9501
CLAIMANT
GAIL CARMICHAEL, FOR AMANDA TULOWETZKE PO BOX 4819 BLANE, WA 98230

Date	Description	Amount	Agency Use
	TO FORWARD FUNDS FROM THE TRUST FUND ACCOUNT OF AMANDA TULOWETZKE, 101982, FOR 3 MONTHS OF ALTERNTIVE SCHOOL, ENROLLMENT AND SUPPLIES.	$875.00	2000

Prepared By	Tele. #	Date	Agency Approval	Date
//s//TODD WOLLEN			//s//KAREN KEGLEY-JUSTINEN	11/7/97

Dos. Date	Print Run Date	Current Doc. No.	Reference Doc. No.	Vendor Number	Vendor Message	UBI Number
11/6/97		TRU		VOD1	TULOWETZKE	

Trans Code	Program Index	Source	Amount	Invoice
198	A0000	410000	$875.00	TRUSTEE

Account Approval For Payment	Date	Warrant Total	Warrant Number
		$875.00	

READMAIL Read Mail For: KEGK300 SYSMRVW SYSMRWM

From: KILI300 LINDA KIRKLAND
Subject: TULOWETZKE Date: 11/05/1997
Time: 08:47 AM
Copy: Forwarded: Read: Y Reply:

Mail From

AMDNADAHAS ENTERED PLACEMENT AFTER BEING ON THE RUN FOR SEVERAL MONTHS – NO PAYMENT SINCE EARLY JUNE, 97. BLAINE HIGH SCHOOL WILL NOT ENROLL HER UNTIL NEXT SEMESTER (MID JANUARY). WE NEED TO ACCESS HER TRUST FUND FOR MONEY TO PAY FOR A PRIVATE ALTERNATIVE SCHOOL WHERE SHE CAN CATCH UP ON THIS SEMESTER.

COST:
$200.00/MO. / 3 OR $600.00
$200.00 FOR SUPPLIES
75.00 ENTRY FEETOTAL: $875.00

PLEASE SEND CHECK TO:
GAIL CARMICHAEL
P.O. BOX 4819
BLAINE, WA 98230

*** END OF NOTE ***

ORIG. SENT TO: KEGK300

A-19 State of Washington Revenue Refund

Agency No.	Location Code
3000	

AGENCY NAME
Department of Social & Health Services OAS/Trust Fund Unit PO Box 9501 Olympia, WA 98507-9501
CLAIMANT
MARIANNE DAVIDSON, for AMANDA TULOWETKE 865 ½ BLAINE AVE P.O. BOX 1554 BLAINE, WA 98231

Date	Description	Amount	Agency Use
	TO TRANSFER FUNDS FROM THE TRUST ACCOUNT OF AMANDA TULOWETZKE, 101982, FOR DENTAL WORK & CLOTHING.	$377.50	2000

Prepared By	Tele. #	Date	Agency Approval	Date
//s//SHERYL CHOATE			//s//SANDY SHOEMAKER	8/13/98

Dos. Date	Print Run Date	Current Doc. No.	Reference Doc. No.	Vendor Number	Vendor Message	UBI Number
8-13-98		TRU		VOD1	TULOWETZKE	

Trans Code	Program Index	Source	Amount	Invoice
198	A0000	410000	$377.50	TRUSTEE

Account Approval For Payment	Date	Warrant Total	Warrant Number
		$377.50	

AUG-12-98 WED 04:06 PM MTV
FAX NO. 3113923606640597

TELEFAX TRANSMITTAL COVER SHEET

DATE: 8-12-98
TO: Karen Kegley 360-902-8213
FROM: Linda Kirkland

THE INFORMATIN WE ARE SENDING HAS 2 PAGES PLUS THIS COVER SHEET.

IF YOU HAVE AN QUESTIONS CONCERNING THIS MATERIAL, PLEASE CONTACT:

E-MAIL KILI300 OR

BY TELEPHONING:
SCAN_____ OFF SCAN 360-647-6133

COMMENTS:

Karen, please see attached:

Also:

Amanda needs additional funds from her Trust Account for Amount of $250.00 for School clothes and supplies.

Please send a check for amount of $377.50 to Foster Parent:
Marianne Davidson
865 ½ Blaine Ave P.O. Box 1554
Blaine, WA 98231

AUG-12-98 WED 04:06 PM MTV
FAX NO. 3113923606640597

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
PO Box 45506 □ Olympia WA 98504-5506

June 8, 1998

Amanda M. Tulowetzke
865 ½ Blaine Avenue
Post Office Box 1554
Blaine, WA 98231

Case No: 37D01532522
PIC No: AM101982TULOW3

Dear Ms. Tulowetzke:

On May 29, 1998, Jim E. Brown asked us to approve a crown and prefab post & core on tooth #20.

This request has been approved with the exception of the following:

Based on state law, RCW 74.09.530, and under regulations, WAC 388-535-1100, we are denying the prefab post & core on tooth #20 because this dental procedure is a noncovered service by the Medical Assistance program.

AUG-12-98 WED 04:06 PM MTV
FAX NO. 3113923606640597

If you have additional medical information that would help justify your request, please feel free to send it to Medical Assistance Administration.

BEST AVAILABLE COPY

Division of Health Services and Quality Support,
P.O. Box 45506, Olympia, Washington 98504-5506.

Sincerely,
//s//
Sharon L. Morrison, Manager
Quality Utilization Section
Medical Assistance Administration

SLM:jt
cc: Jim E. Brown

AUG-12-98 WED 04:06 PM MTV
FAX NO. 3113923606640597

Chart

Patient: Amanda Tulowetzke Date: 05/19/1998
Birthdate: 10/19/1982 Chart #: TU0004 SS#:
Provider: Jim E. Brown
Phone: (360) 592-1100
Office: P O Box 621
Deming, WA 98244

1 2 3 4 5 6 7 8 9 10 11 12 13 15 16

STANDARD DENTAL DIAGRAM
[UNABLE TO REPRODUCE]

W
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

■ Treatment Plan ■ Completed ■ Conditions ■ Existing-This Prov
■ Existing-Other Prov

#20 post & core $127.50 not covered by D.S.H.S.

A-19 State of Washington Revenue Refund	Agency No.	Location Code
	3000	

AGENCY NAME
Department of Social & Health Services OAS/Trust Fund Unit PO Box 9501 Olympia, WA 98507-9501
CLAIMANT
TULOWETZKE, AMANDA P.O. BOX 1554 BLAINE, WA 98231

Date	Description	Amount	Agency Use
	TO TRANSFER FUNDS FROM THE TRUST FUND ACCOUNT OF AMANDA TULOWETZKE, 101982. Account Balance	$9,197.76	2000

Prepared By	Tele. #	Date	Agency Approval	Date
//s//SHERYL CHOATE			//s//KAREN KEGLEY-JUSTINEN	12/21/98

Dos. Date	Print Run Date	Current Doc. No.	Reference Doc. No.	Vendor Number	Vendor Message	UBI Number
12-21-98		TRU		VOD1	TULOWETZKE	

Trans Code	Program Index	Source	Amount	Invoice
198	A0000	410000	$9,197.76	TRUSTEE

Account Approval For Payment	Date	Warrant Total	Warrant Number
		$9,197.76	

DEC-18-98 FRI 03:54 PM MTV
FAX NO. 3113923606640597

TELEFAX TRANSMITTAL COVER SHEET

DATE: 12-18-98
TO: Trust Funds – SSA 360-902-8213
FROM: Linda Kirkland

THE INFORMATION WE ARE SENDING HAS 2 PAGES PLUS THIS COVER SHEET.

IF YOU HAVE AN QUESTIONS CONCERNING THIS MATERIAL, PLEASE CONTACT:

Re: Amanda Tulowetzke

BY TELEPHONING:

SCAN _____ OFF SCAN _____

COMMENTS:

Please see the attached Emancipation Order. Please release her trust fund money in form of check and send to her address at P.O. Box 1554

Blaine, WA 98231

Linda Kirkland SW3
DSHS/DCFS

DEC-18-98 FRI 03:54 PM MTV
FAX NO. 3113923606640597

SUPERIOR COURT OF WASHINGTON
COUNTY OF

In re the Emancipation of: AMANDA TULOWETZKE	No. 98-2-02313-5 DECREE OF EMANCIPATION (DCE)

I. BASIS

A hearing on a petition for emancipation has been held in this court.

II. FINDINGS

The court FINDS that the petition for emancipation should be granted and a decree entered because:

[x] The petitioner has provided the following facts by clear and convincing evidence:

(a) the petitioner is sixteen years of age or older;

(b) the petitioner is a resident of the state;

(c) the petitioner has the ability to manager his or her financial affairs; and

(d) the petitioner has the ability to manage his or her personal, social, educational, and nonfinancial affairs.

[ ] There is clear and convincing evidence that denial of the grant of emancipation would be detrimental to the interests of the minor. (To be

checked only if a parent, guardian, custodian, or the department, opposes the petition for emancipation.)

III. DECREE

3.1 The petition for emancipation is granted.

3.2 The petitioner shall obtain a Washington driver's license or a Washington identification card. The Department of Licensing shall make a notation of the emancipation status on the license or identification card.

3.3 The petitioner shall be considered to have the power and capacity of an adult, except as provided in paragraph 3.4 below. The petitioner shall be considered emancipated for the purpose of, but not limited to:

(a) The termination of parental obligations of financial support, care, supervision, and any other obligation the parent may have by virtue of the parent-child relationship, including obligation imposed because of marital dissolution;

(b) The right to sue or be sued in his or her own name;

(c) The right to retain his or her own earnings;

(d) The right to establish a separate residence or domicile;

(e) The right to enter into nonvoidable contracts;

(f) The right to act automatically, and with the power and capacity of an adult, in all business relationships, including but not limited to property transactions;

(g) The right to work, and earn a living, subject only to the health and safety regulations designed to protect those under age of majority regardless of their legal status; and

(h) The right to give informed consent for receiving health care services.

3.4 The petitioner shall not be considered an adult for:

(a) The purposes of the adult criminal laws of the state unless the decline of jurisdiction procedures contained in RCW 13.40.110 are used;

(b) the criminal laws of the state when the emancipation minor is a victim and the age of the victim is an element of the offense; or

(c) those specific constitutional and statutory age requirements regarding voting, use of alcoholic beverages, and other health and safety regulations relevant to the minor because of the minor's age.

3.5 Other:

Dated: December 18, 1998

//s//

_____

Judge
MICHAEL F. MOYNIHAN

Defendants' Exhibit I
Defendants' Response to Plaintiffs' Order to Produce #2

Monthly Reports on All Foster Care Payments
Whether or Not Reimbursed
1997-1999

Blimka, Nacole
Cotten, Jasmin
Smith, Denita
Tulowetzke, Amanda

Ac	V	Ofc	Worker	Srcv	Recipient	Beg date	End Date	Amt Auth	Amt Paid
	-	721	10VP25	3443	Blimka, Nacole	02/01/1997	02/28/1997	1696.00	1696.00
	-	721	10VP25	3217	Blimka, Nacole	03/01/ 1997	03/31/1997	50.00	50.00
	-	721	10VP25	3443	Blimka, Nacole	03/01/ 1997	03/31/1997	1696.00	1696.00
	-	721	10VP25	3433	Blimka, Nacole	03/30/1997	03/31/1997	90.83	90.83
	-	721	10VP25	3233	Blimka, Nacole	03/31/1997	04/02/1997	19.53	19.53
	-	721	10WS21	3217	Blimka, Nacole	04/01/1997	04/30/1997	450.00	450.00
	-	721	10WS21	3443	Blimka, Nacole	04/01/1997	04/30/1997	1696.00	1696.00
	-	721	10WS21	3217	Blimka, Nacole	05/01/1997	05/31/1997	250.00	250.00

	-	721	10WS21	3443	Blimka, Nacole	05/01/1997	05/31/1997	1696.00	1696.00
	-	721	10WS21	3217	Blimka, Nacole	06/01/1997	06/30/1997	475.00	475.00
	-	721	10WS21	3443	Blimka, Nacole	06/01/1997	06/30/1997	1696.00	1696.00
	-	721	10WS21	3217	Blimka, Nacole	07/01/1997	07/31/1997	475.00	475.00
	-	721	10WS21	3443	Blimka, Nacole	07/01/1997	07/31/1997	1747.00	1747.00
	-	721	10WS21	3217	Blimka, Nacole	08/01/1997	08/31/1997	178.06	178.06
	-	721	10WS21	3433	Blimka, Nacole	08/01/1997	08/31/1997	1747.00	1747.00
	-	721	10WS21	3217	Blimka, Nacole	09/01/1997	09/30/1997	100.00	100.00
	-	721	10WS21	3443	Blimka, Nacole	09/01/1997	09/30/1997	1747.00	1747.00
	-	721	10WS21	3443	Blimka, Nacole	10/01/1997	10/31/1997	1747.00	1747.00
	-	721	10WS21	3217	Blimka, Nacole	11/01/1997	11/30/1997	45.00	45.00
	-	721	10WS21	3443	Blimka, Nacole	11/01/1997	11/30/1997	1747.00	1747.00
	-	721	10WS21	3217	Blimka, Nacole	12/01/1997	12/31/1997	135.05	135.05
	-	721	10WS21	3443	Blimka, Nacole	12/01/1997	12/31/1997	1747.00	1747.00
	-	721	10WS21	3233	Blimka, Nacole	12/09/1997	12/31/1997	52.00	52.00
	-	721	10WS21	3443	Blimka, Nacole	01/01/1998	01/31/1998	1747.00	1747.00
	-	721	10WS21	3443	Blimka, Nacole	02/01/1998	02/08/1998	1747.00	459.36
	-	721	10WS21	3215	Blimka, Nacole	02/08/1998	02/28/1998	161.43	111.30
	-	721	10WS21	3235	Blimka, Nacole	02/08/1998	02/28/1998	80.00	240.00
	-	721	10WS21	3210	Blimka, Nacole	02/09/1998	02/28/1998	468.04	307.60
	-	721	10WS21	3212	Blimka, Nacole	02/09/1998	02/28/1998	146.11	96.00

-	721	10CK20	3219	Blimka, Nacole	02/20/1998	02/22/1998	24.00	44.33
-	721	10WS21	3210	Blimka, Nacole	03/01/1998	03/31/1998	468.04	468.04
-	721	10WS21	3212	Blimka, Nacole	03/01/1998	03/31/1998	146.11	146.11
-	721	10WS21	3215	Blimka, Nacole	03/01/1998	03/31/1998	161.43	161.43
-	721	10WS21	3235	Blimka, Nacole	03/01/1998	03/31/1998	80.00	320.00
-	721	10CK20	3219	Blimka, Nacole	03/20/1998	03/22/1998	24.00	44.33
-	721	10WS21	3210	Blimka, Nacole	04/01/1998	04/30/1998	468.04	468.04
-	721	10WS21	3212	Blimka, Nacole	04/01/1998	04/30/1998	146.11	146.11
-	721	10WS21	3215	Blimka, Nacole	04/01/1998	04/30/1998	161.43	161.43
-	721	10WS21	3235	Blimka, Nacole	04/01/1998	04/30/1998	80.00	320.00
-	721	10CK20	3219	Blimka, Nacole	04/03/1998	04/05/1998	24.00	44.33
-	721	10WS21	3210	Blimka, Nacole	05/01/1998	05/31/1998	468.04	468.04
-	721	10WS21	3212	Blimka, Nacole	05/01/1998	05/31/1998	146.11	146.11
-	721	10WS21	3215	Blimka, Nacole	05/01/1998	05/31/1998	161.43	161.43
-	721	10WS21	3235	Blimka, Nacole	05/01/1998	05/31/1998	80.00	240.00
-	721	10WS21	3234	Blimka, Nacole	05/13/1998	05/13/1998	425.00	425.00
-	721	10WS21	3225	Blimka, Nacole	05/28/1998	05/30/1998	197.78	197.78
-	721	10WS21	3219	Blimka, Nacole	05/29/1998	05/31/1998	24.00	44.33
-	721	10WS21	3210	Blimka, Nacole	06/01/1998	06/30/1998	468.04	468.04
-	721	10WS21	3212	Blimka, Nacole	06/01/1998	06/30/1998	146.11	146.11
-	721	10WS21	3215	Blimka, Nacole	06/01/1998	06/30/1998	161.43	161.43
-	721	10WS21	3235	Blimka, Nacole	06/01/1998	06/30/1998	80.00	240.00

-	721	10WS21	3233	Blimka, Nacole	07/01/1998	07/01/1998	75.00	75.00
-	721	10WS21	3210	Blimka, Nacole	07/01/1998	07/09/1998	480.54	142.11
-	721	10WS21	3212	Blimka, Nacole	07/01/1998	07/09/1998	146.11	43.20
-	721	10WS21	3215	Blimka, Nacole	07/01/1998	07/31/1998	161.43	161.43
-	721	10WS21	3215	Blimka, Nacole	08/01/1998	08/08/1998	37.10	9.68
-	721	10WS21	2510	Blimka, Nacole	12/11/1998	12/11/1998	399.83	399.83
Office:		721			Payment	Records:	57 Paid:	30,097.40
REGION:		0			Payment	Records:	57 Paid:	30,097.40

Ac	V	Ofc	Worker	Srcv	Recipient	Beg date	End Date	Amt Auth	Amt Paid
	-	741	04SG56	2833	Cotten, Jasmin	01/01/1997	01/31/1997	19.55	430.10
	-	741	04SG56	3210	Cotten, Jasmin	01/01/1997	01/31/1997	303.56	303.56
	-	741	04SG56	3212	Cotten, Jasmin	01/01/1997	01/31/1997	141.85	141.85
	-	741	04SG56	2833	Cotten, Jasmin	02/01/1997	02/28/1997	19.55	430.10
	-	741	04SG56	3210	Cotten, Jasmin	02/01/1997	02/28/1997	303.56	303.56
	-	741	04SG56	3212	Cotten, Jasmin	02/01/1997	02/28/1997	141.85	141.85
	-	741	04SG56	2833	Cotten, Jasmin	03/01/1997	03/31/1997	19.55	430.10
	-	741	04SG56	3210	Cotten, Jasmin	03/01/1997	03/31/1997	303.56	303.56
	-	741	04SG56	3212	Cotten, Jasmin	03/01/1997	03/31/1997	141.85	141.85
	-	741	04SG56	2804	Cotten, Jasmin	03/15/1997	03/31/1997	0.92	50.98
	-	741	04SG56	2804	Cotten, Jasmin	04/01/1997	04/30/1997	0.92	67.97

-	741	04SG56	3210	Cotten, Jasmin	04/01/1997	04/30/1997	303.56	303.56
-	741	04SG56	2833	Cotten, Jasmin	04/01/1997	04/30/1997	19.55	430.10
-	741	04SG56	2833	Cotten, Jasmin	05/01/1997	05/31/1997	19.55	430.10
-	741	04SG56	2804	Cotten, Jasmin	05/01/1997	05/31/1997	0.92	67.97
-	741	04SG56	3210	Cotten, Jasmin	05/01/1997	05/31/1997	303.56	303.56
-	741	04SG56	2804	Cotten, Jasmin	06/01/1997	06/30/1997	0.92	67.97
-	741	04SG56	2833	Cotten, Jasmin	06/01/1997	06/30/1997	19.55	430.10
-	741	04SG56	3210	Cotten, Jasmin	06/01/1997	06/60/1997	303.56	303.56
-	741	04SG56	2804	Cotten, Jasmin	07/01/1997	07/31/1997	0.92	67.97
-	741	04SG56	2833	Cotten, Jasmin	07/01/1997	07/31/1997	19.55	430 10
-	741	04SG56	3210	Cotten, Jasmin	07/01/1997	07/31/1997	325.17	325.17
-	741	04SG56	2833	Cotten, Jasmin	08/01/1997	08/31/1997	19.55	430.10
-	741	04SG56	2804	Cotten, Jasmin	08/01/1997	08/31/1997	0.92	67.97
-	741	04SG56	3210	Cotten, Jasmin	08/01/1997	08/31/1997	325.17	325.17
-	741	04SG56	2833	Cotten, Jasmin	09/01/1997	09/30/1997	19.55	430.10
-	741	04SG56	3210	Cotten, Jasmin	09/01/1997	09/30/1997	325.17	325.17
-	741	04SG56	2833	Cotten, Jasmin	10/01/1997	10/10/1997	19.55	195.50
-	741	04SG56	3210	Cotten, Jasmin	10/01/1997	10/31/1997	325.17	325.17
-	741	04SG56	2805	Cotten, Jasmin	10/16/1997	10/16/1997	16.36	16.36
-	741	04SG56	2808	Cotten, Jasmin	10/27/1997	10/27/1997	25.00	25.00

-	741	04SG56	2805	Cotten, Jasmin	10/27/1997	10/31/1997	16.36	81.80
-	741	04SG56	3210	Cotten, Jasmin	11/01/1997	11/30/1997	325.17	325.17
-	741	04SG56	3210	Cotten, Jasmin	12/01/1997	12/31/1997	325.17	325.17
		Office:	741		Payment Records: 34		Paid:	8,778.32

-	743	16KD10	2805	Cotten, Jasmin	11/01/1997	11/30/1997	16.36	359.92
-	743	16KD10	2805	Cotten, Jasmin	12/01/1997	12/31/1997	16.36	359.92
-	743	16KD10	3210	Cotten, Jasmin	01/01/1998	01/31/1998	325.17	325.17
-	743	16KD10	2805	Cotten, Jasmin	01/01/1998	01/31/1998	16.36	359.92
-	743	16KD10	3210	Cotten, Jasmin	02/01/1998	02/28/1998	325.17	325.17
-	743	16KD10	2805	Cotten, Jasmin	02/01/1998	02/28/1998	16.36	359.92
-	743	16KD10	3210	Cotten, Jasmin	03/01/1998	03/31/1998	325.17	325.17
-	743	16KD10	2805	Cotten, Jasmin	03/01/1998	03/31/1998	16.36	359.92
-	743	16KD10	2805	Cotten, Jasmin	04/01/1998	04/30/1998	17.00	374.00
-	743	16KD10	3210	Cotten, Jasmin	04/01/1998	04/30/1998	325.17	325.17
- +	743	16KD10	3210	Cotten, Jasmin	05/01/1998	05/31/1998	325.17	325.17
- +	743	16KD10	2805	Cotten, Jasmin	05/01/1998	05/31/1998	17.00	374.00
- +	743	16KD10	3210	Cotten, Jasmin	06/01/1998	06/30/1998	325.17	325.17
- +	743	16KD10	2805	Cotten, Jasmin	06/01/1998	06/30/1998	17.00	374.00
- +	743	16KD10	3210	Cotten, Jasmin	07/01/1998	07/31/1998	337.67	337.67

- +	743	16KD10	2805	Cotten, Jasmin	07/01/1998	07/31/1998	17.00	374.00
- +	743	16KD10	3210	Cotten, Jasmin	08/01/1998	08/31/1998	337.67	337.67
-	743	16KD10	2805	Cotten, Jasmin	08/01/1998	08/31/1998	17.00	374.00
-	743	16KD10	2805	Cotten, Jasmin	09/01/1998	09/06/1998	17.00	68.00
-	743	16KD10	3210	Cotten, Jasmin	09/01/1998	09/30/1998	337.67	337.67
-	743	16KD10	2805	Cotten, Jasmin	09/07/1998	09/07/1998	17.00	17.00
-	743	16KD10	2807	Cotten, Jasmin	09/08/1998	09/30/1998	10.83	184.11
Office: 743				Payment Records: 22		Paid: 6,902.74		
REGION: 0				Payment Records: 56		Paid: 15,681.06		

Ac	V	Ofc	Worker	Srcv	Recipient	Beg date	End Date	Amt Auth	Amt Paid
-		730	03AH08	3219	TULOWETKE, AM	05/23/1997	05/25/1997	24.34	44.96
-		730	03AH08	3219	TULOWETKE, AM	03/27/1998	03/31/1998	18.32	84.59
-		730	03AH08	3219	TULOWETKE, AM	04/01/1998	04/02/1998	18.32	33.84
Office: 730					Payment Record: 3			Paid:	163.39
-		733	31KL18	3210	TULOWETKE, AM	01/01/1997	01/10/1997	442.26	145.30
-		733	31KL18	3210	TULOWETKE, AM	01/01/1997	01/10/1997	141.85	46.60
-		733	31KL18	3210	TULOWETKE, AM	01/11/1997	01/31/1997	442.26	305.13
-		733	31KL18	3212	TULOWETKE, AM	01/11/1997	01/31/1997	141.85	97.86

-	733	31KL18	3210	TULOWETKE, AM	03/06/1997	03/06/1997	442.26	14.53
-	733	31KL18	3210	TULOWETKE, AM	03/07/1997	03/09/1997	442.26	43.59
-	733	31KL18	3210	TULOWETKE, AM	03/12/1997	03/31/1997	442.26	290.60
-	733	31KL18	3212	TULOWETKE, AM	03/12/1997	03/31/1997	141.85	93.20
-	733	31KL18	3233	TULOWETKE, AM	03/26/1997	03/26/1997	115.32	115.32
-	733	31KL18	3210	TULOWETKE, AM	04/01/1997	04/07/1997	442.26	101.71
-	733	31KL18	3212	TULOWETKE, AM	04/01/1997	04/07/1997	141.85	32.62
-	733	31KL18	3210	TULOWETKE, AM	04/08/1997	04/12/1997	442.26	72.65
-	733	31KL18	3210	TULOWETKE, AM	04/08/1997	04/08/1997	141.85	4.66
-	733	31KL18	3212	TULOWETKE, AM	04/12/1997	04/30/1997	141.85	88.54
-	733	31KL18	3210	TULOWETKE, AM	04/19/1997	04/20/1997	442.26	43.59
-	733	31KL18	3210	TULOWETKE, AM	04/19/1997	04/20/1997	141.85	13.98
-	733	31KL18	3212	TULOWETKE, AM	04/21/1997	04/30/1997	442.26	145.30
-	733	31KL18	3210	TULOWETKE, AM	04/21/1997	04/27/1997	24.34	24.34
-	733	31KL18	3210	TULOWETKE, AM	04/28/1997	04/30/1997	442.26	43.59
-	733	31KL18	3210	TULOWETKE, AM	04/28/1997	04/30/1997	141.85	13.98
-	733	31KL18	3202	TULOWETKE, AM	05/01/1997	05/15/1997	24.34	365.10
-	733	31KL18	3202	TULOWETKE, AM	05/16/1997	05/31/1997	24.34	365.10
-	733	31KL18	3202	TULOWETKE, AM	06/01/1997	06/03/1997	24.34	73.02
-	733	31KL18	3210	TULOWETKE, AM	10/10/1997	10/30/1997	468.04	322.98
-	733	31KL18	3210	TULOWETKE, AM	11/01/1997	11/30/1997	468.04	468.04

-	733	31KL18	3210	TULOWETKE, AM	12/01/1997	12/31/1997	468.04	468.04
-	733	31KL18	3210	TULOWETKE, AM	01/01/1998	01/31/1998	468.04	468.04
-	733	31KL18	3210	TULOWETKE, AM	02/01/1998	02/28/1998	468.04	468.04
-	733	31KL18	3210	TULOWETKE, AM	03/01/1998	03/02/1998	468.04	30.76
-	733	31KL18	3210	TULOWETKE, AM	03/03/1998	03/31/1998	468.04	446.02
-	733	31KL18	3212	TULOWETKE, AM	04/01/1998	04/30/1998	468.04	468.04
-	733	31KL18	3210	TULOWETKE, AM	05/01/1998	05/31/1998	468.04	468.04
-	733	31KL18	3212	TULOWETKE, AM	06/01/1998	06/30/1998	468.04	468.04
-	733	31KL18	3210	TULOWETKE, AM	07/01/1998	07/31/1998	480.54	480.54
-	733	31KL18	3210	TULOWETKE, AM	08/01/1998	08/31/1998	480.54	480.54
-	733	31KL18	3210	TULOWETKE, AM	09/01/1998	09/30/1998	480.54	480.54
-	733	31KL18	3210	TULOWETKE, AM	10/01/1998	10/25/1998	480.54	394.75
Office:		733	Payment Records: 37		Paid: 8,452.72			
REGION:		0	Payment Records: 40		Paid: 8,616.11			

Ac	V	Ofc	Worker	Srcv	Recipient	Beg date	End Date	Amt Auth	Amt Paid
	-	744	05SS54	3202	SMITH, DENITA	07/21/1997	07/31/1997	25.07	275.77
	-	744	05SS54	3115	SMITH, DENITA	08/01/1997	08/02/1997	102.16	204.32
	-	744	05TI58	3202	SMITH, DENITA	08/07/1997	08/22/1997	25.07	376.05
	-	744	05SS54	3225	SMITH, DENITA	08/11/1997	08/18/1997	99.01	99.01
	-	744	05SS54	3211	SMITH, DENITA	09/04/1997	09/30/1997	468.04	415.26
	-	744	05SS54	3212	SMITH, DENITA	09/04/1997	09/30/1997	146.11	129.60
	-	744	05SS54	3213	SMITH, DENITA	09/04/1997	09/30/1997	285.00	252.72
	-	744	05SS54	3216	SMITH, DENITA	09/04/1997	09/30/1997	200.00	177.39
	-	744	05SS54	3217	SMITH, DENITA	09/04/1997	09/30/1997	2281.85	2025.27
	-	744	05TI58	3225	SMITH, DENITA	09/17/1997	10/08/1997	100.00	100.00
	-	744	05TI58	93202	SMITH, DENITA	09/25/1997	09/29/1997	34.00	170.00
	-	744	05SS54	3216	SMITH, DENITA	10/01/1997	10/31/1997	200.00	200.00
	-	744	05SS54	3217	SMITH, DENITA	10/01/1997	10/31/1997	2281.85	2281.85
	-	744	05SS54	3211	SMITH, DENITA	10/01/1997	10/31/1997	468.04	468.04
	-	744	05SS54	3212	SMITH, DENITA	10/01/1997	10/31/1997	146.11	146.11
	-	744	05SS54	3213	SMITH, DENITA	10/01/1997	10/31/1997	285.00	285.00
	-	744	05TI58	3233	SMITH, DENITA	10/31/1997	10/31/1997	162.54	162.54
	-	744	05TI58	3211	SMITH, DENITA	11/01/1997	11/30/1997	468.04	468.04
	-	744	05TI58	3212	SMITH, DENITA	11/01/1997	11/30/1997	146.11	146.11
	-	744	05TI58	3213	SMITH, DENITA	11/01/1997	11/30/1997	285.00	285.00
	-	744	05TI58	3216	SMITH, DENITA	11/01/1997	11/30/1997	200.00	200.00
	-	744	05TI58	3217	SMITH, DENITA	11/01/1997	11/30/1997	2281.85	2281.85
	-	744	05TI58	3211	SMITH, DENITA	12/01/1997	12/31/1997	468.04	468.04
	-	744	05TI58	3212	SMITH, DENITA	12/01/1997	12/31/1997	146.11	146.11
	-	744	05TI58	3213	SMITH, DENITA	12/01/1997	12/31/1997	285.00	285.00
	-	744	05TI58	3216	SMITH, DENITA	12/01/1997	12/31/1997	200.00	200.00

-	744	05TI58	3217	SMITH, DENITA	12/01/1997	12/31/1997	2281.85	2281.85
-	744	05TI58	3452	SMITH, DENITA	01/01/1998	01/06/1998	3322.00	655.20
-	744	05TI58	3233	SMITH, DENITA	01/08/1998	01/08/1998	63.31	63.31
-	744	05TI58	3452	SMITH, DENITA	01/08/1998	01/31/1998	2985.00	2354.88
-	744	05TI58	3452	SMITH, DENITA	02/01/1998	02/08/1998	2985.00	784.96
-	744	05TI58	3115	SMITH, DENITA	02/09/1998	02/14/1998	102.16	510.80
-	744	05TI58	93115	SMITH, DENITA	02/15/1998	02/17/1998	102.16	306.48
-	744	05TI58	93202	SMITH, DENITA	03/05/1998	03/05/1998	34.00	34.00
				Payment Records: 34		Paid:	19,240.56	
Office:	744			Payment Records: 34		Paid:	19,240.56	
REGION:	0							

Defendants' Exhibit No. 1
Defendants' Response to Plaintiff's
Order To Produce No. 9

Definition, Description and List of
Reimbursable Foster Care Expenses

RE: Document Production No. 9
T List of Reimbursable Expenses
Social Services Payment System
Manual Appendix C

RE: Document Production No. 9

For purpose of responding to paragraph number 9, "reimbursable foster care" means those foster care services for which a parental child support payment or an SSI or SSA benefit may be used to pay for such services when provided to a foster child. A description of all reimbursable foster care services which may be paid from the various state and federal funding sources is found in the enclosed SSPS Appendix C. Also enclosed is a list of "T-payment" codes. The services identified on the T-payment list are the "reimbursable foster care" services.

"T-List" of Reimbursable Expenses

TRSTFUND MAINTIAN TRUST FUND TABLE TRSTFUND TRSTLST

Sel	Srvc	Sel	Srvc	Sel	Srvc	Sel	Srvc
	280		280		280		2807
	280		281		282		2827
	282		282		283		2831
	283		283		283		2835
	283		283		283		2873
	287		310		310		3114
	311		320		320		3203
	321		321		321		3216
	321		321		321		3223
	322		322		323		3233
	323		323		330		3302
	340		341		341		3415
	341		342		342		3433
	343		344		344		3443
	344		344		344		3450

Options: C = Create R = Review U = Update D = Delete

TRSTFUND MAINTIAN TRUST FUND TABLE TRSTFUND TRSTLST

Sel	Srvc	Sel	Srvc	Sel	Srvc	Sel	Srvc
	345		345		345		3455
	345		345		345		3459
	346		346		346		3470
	347		347		349		3495
	390		390		494		92801
	9280		9280		9280		92808
	9281		9282		9282		92828
	9282		9283		9283		92832
	9283		9283		9283		92836
	9283		9283		9287		92874
	9310		9310		9311		93115
	9320		9320		9320		93210
	9321		9321		9321		93218
	9321		9322		9322		93225
	9323		9323		9323		93235

Options: C = Create R = Review U = Update D = Delete

TRSTFUND MAINTIAN TRUST FUND TABLE TRSTFUND TRSTLST

Sel	Srvc
	9330
	9341
	9343
	9344
	9345
	9345
	9345
	9347
	9390

Sel	Srvc
	9340
	9341
	9343
	9344
	9345
	9345
	9346
	9347
	9390

Sel	Srvc
	9341
	9342
	9344
	9344
	9345
	9345
	9346
	9349
	9494

Sel	Srvc
	93412
	93425
	93442
	93448
	93454
	93458
	93462
	93495

Options: C = Create R = Review U = Update D = Delete

Social Services Payment System Manuel
Appendix C

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SERVICE CODE DATA

154/159
Item No.

PROGRAM: Family Focused Services
EFF. DATE: 11/01/96

35 SERVICE NAME: Special Purchase HBS
SERVICE CODE (Item 36): 2510
SERVICE DESCRIPTION: Payment to non-contracted provider for case specific resources or services to Home Based Serve (HBS) eligible family.

17/26 RECIPIENT STATUS:

	Child	Adult
Primary		X
Service	X	X

32/33 MAXIMUM LENGTH OF SERVICE: 1 month

37 REASON:

CODE:	TITLE
G	Basic Needs
H	Mileage

38 OBJECTIVE:

CODE:	TITLE
E	Placement Prevention
F	Reunification

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2510 (cont.)

SERVICE CODE DATA (cont.)

PAYMENT DATA:

Payment Type: One-time payment
39-41 Unit of Service: Each (EA)
41 Rate Range: $0.01-$1,500.00
42 Maximum No. of Units: 1

SOURCE OF FUNDS (Item 31):

CODE	TITLE
1	CEAP - IVA
5	State Funds Only
I	Special Project

ADDITIONAL DATA:

1. Source of Funds code I (item31) is used only when providing enhanced HBS with special project funds.

2. Provision of this service is subject to the eligibility requirements, service standards, and procedures in DCFS manual, chapter 25, and in regional HBS policy.

3. Effective March 1, 1990, the "direct-buy limit" has been increased to $800. The direct-buy limit amount may be expended without competitive solicitations, based upon "buyer experience and knowledge of the market in achieving maximum quality at minimum cost, " per RCW 43.19.1906(2). Purchases of general goods and services up to $1,500 can be made provided that three quotes are obtained and documented in the SER, in accordance with RCW 43.19.190(4) and

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2510 (cont.)

SERVICE CODE DATA (cont.)

ADDITIONAL DATA: (cont.)

3. the Office of State Procurement (OSP) delegation of general authorities. **Purchases over $800 require Regional Business Manager approval.**

4. This code may not be used to purchase services that should be contracted per Chapter 39.29 RCW.

5. Each (EA) may represent any authorized unit of service, such as, one trip, a visit, an item, one month of service, etc.

6. Effective 1/1/96, the department will send a 1099 wage statement to providers paid $600.00 or more in the year.

7. A warrant is issued after the service is closed with a termination code of 1A, 1B, 2A, or 2B, and the end date (Item 33) has passed. Any other termination code prevents payment. The warrant is for the exact amount authorized in item 43. The system does not generate an invoice.

SERVICE CODE DATA

154/159
Item No.

PROGRAM: Crisis Residential Care
EFF. DATE: 07/01/99
35 SERVICE NAME: Family CRC Retainer
SERVICE CODE (Item 36): 3105
SERVICE DESCRIPTION: A monthly fee paid to a Family Crisis Residential Center to assure the availability of a bed on a 24-hour per-day basis. For children/youth who require temporary care on short notice.

17/26 RECIPIENT STATUS: Enter the foster parent name as service recipient. See Additional Data below.

	Child	Adult
Primary		
Service		X

32/33 MAXIMUM LENGTH OF SERVICE: 12 months

37 REASON: None

38 OBJECTIVE: None

PAYMENT DATA:

Payment Type: Invoice
39-41 Unit of Service: Each (EA)
41 Rate Range: $151.78
42 Maximum No. of Units: 2

SOURCE OF FUNDS (Item 31): None

SERVICE CODE DATA (cont.)

ADDITIONAL DATA:

1. No entry is required for primary recipient or eligibility data, Items 17-25.

2. Enter foster parent/group home name in Item 26.

3. Enter 99/99/99 in Item 27.

4. Enter V in Item 29.

5. The department will send a 1099 wage statement to providers paid $600.00 or more in the year.

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SERVICE CODE DATA

154/159
Item No.

PROGRAM: Crisis Residential Care
EFF. DATE: 01/15/95
35 SERVICE NAME: Regional CRC Slot
SERVICE CODE (Item 36): 3113
SERVICE DESCRIPTION: Payment for unfilled slots in a regional crisis residential center.

17/26 RECIPIENT STATUS: Enter the vendor name as the service recipient. See Additional Data below.

	Child	Adult
Primary Service		X

32/33 MAXIMUM LENGTH OF SERVICE: Should be opened and closed on same day.

37 REASON: None
38 OBJECTIVE: None

PAYMENT DATA:
Payment Type: One-time payment
39-41 Unit of Service: Each (EA)
41 Rate Range: Non-standard as Authorized
42 Maximum No. of Units: 1*

SOURCE OF FUNDS (Item 31): None

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3113 (cont.)

SERVICE CODE DATA (cont.)

ADDITIONAL DATA:

1. Only designated DCFS regional staff may authorize this service.

2. A payee must be entered in Item 13.

3. Complete the authorization form as usual except:

a. An entry is not required for primary recipient or eligibility data, Items 17-25.

b. Enter regional crisis residential center's name in Item 26.

c. Enter 99/99/99 in Item 27.

d. Enter V in Item 29.

4. Each (EA) equals the number of day unfilled forall slots. Multiply the number of unfilled days times the rate to determine the amount authorized. Only authorize one (I) each (EA) for total amount.

*5. The authorized amount in Item 43 must not exceed $9,999.99. An amount in excess of $9,999.99 or 2-3 (depending on the rate) units must be authorized on additional service lines.

SERVICE CODE DATA (cont.)

ADDITIONAL DATA: (cont.)

6. A warrant is issued after the service is closed with a termination code of 1 A, 1 B, 2A, or 2B, and the end date (item 33) has passed. Any other termination code prevents payment. The warrant is for the exact amount authorized in item 43. The system does not generate an invoice.

SERVICE CODE DATA

154/159
Item No.

PROGRAM: Crisis Residential Care
EFF. DATE: 07/01/97
35 SERVICE NAME: Secure CRC Slot
SERVICE CODE (Item 36): 3118
SERVICE DESCRIPTION: Payment made to assure the availability of a secure crisis residential center beds on a 24 hour per day basis. Service is for youth who require temporary care for up to five days in a secure facility.

17/26 RECIPIENT STATUS: Enter the vendor as the service recipient. See Additional Data below.

	Child	Adult
Primary Service		X

32/33 MAXIMUM LENGTH OF SERVICE: 1 Month

37 REASON: None
38 OBJECTIVE: None

PAYMENT DATA:
Payment Type: One-time payment
39-41 Unit of Service: Each (EA)
41 Rate Range: Non-standard as Authorized

42 Maximum No. of Units: 1

SOURCE OF FUNDS (Item 31): None

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3118 (cont.)

SERVICE CODE DATA (cont.)

ADDITIONAL DATA:

1. Only designated DCFS regional staff may authorize this service.

2. A payee must be entered in Item 13.

3. Complete the authorization form as usual except:

a. An entry is not required for primary recipient or eligibility data Items 17-25.

b. Enter secure crisis residential center's name in Item 26.

c. Enter 99/99/99 in item 27.

d. Enter V in Item 29.

4. Each (EA) equals the number of slots times the number of days in the month. Only authorize one (I) each (EA) for total amount.

5. The authorized amount in Item 43 must not exceed $9,999.99. An amount in excess of $9,999.99 must be authorized on additional service lines. If authorizing more than one unit, each until must be on a separate service line.

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3118 (cont.)

SERVICE CODE DATA (cont.)

ADDITIONAL DATA: (cont.)

6. A warrant is issued after the service is closed with a termination code of 1 A, 1 B, 2A, or 2B, and the end date (Item 33) has passed. Any other termination code prevents payment. The warrant is for the exact amount authorized in Item 43. The system does not generate an invoice.

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SERVICE CODE DATA

154/159
Item No.

PROGRAM: Child Foster Family Care
EFF. DATE: 06/01/94

35 SERVICE NAME: RH Ancillary Support
SERVICE CODE (Item 36): 3208
SERVICE DESCRIPTION: Ancillary support are reimbursements for activities or items enabling receiving homes to provide extra services to youth. Examples of such supports are craft items, recreational materials, tickets to events. Prior approval by DCFS is needed before reimbursement for these costs is made to the receiving home parents.

17/26 RECIPIENT STATUS: Enter the vendor as the service recipient. See Additional Data below.

	Child	Adult
Primary Service		X

32/33 MAXIMUM LENGTH OF STAY: 1 Month

37 REASON:

CODE:	TITLE
A	Regular Receiving Home
B	Specialized Receiving Home

38 OBJECTIVE: None

SERVICE CODE DATA (cont.)

PAYMENT DATA: Paid Outside SSPS

	Payment Type:	None
39-41	Unit of Service:	Each (EA)
41	Rate:	Non-standard as Authorized
42	Maximum No. of Units:	1

SOURCE OF FUNDS: None

ADDITIONAL DATA:

1. Service is available only in Regions 2, 3, and 4 and is limited by funds available to these regions.

2. Each is defined as a specifically authorized unit, e.g., purchase of an item such as craft or recreational materials; a ticket or pass to an event or activity.

3. An entry is not required for primary recipient or eligibility data, Items 17-25.

4. Enter receiving home parent name in Item 26.

5. Enter 99/99/99 in Item 27.

6. Enter V in Item 29.

SERVICE CODE DATA

154/159
Item No.

PROGRAM: Child Foster Family Care
EFF. DATE: 07/01/99
35 SERVICE NAME: DCFS Foster Care Svc
SERVICE CODE (Item 36): 3210
SERVICE DESCRIPTION: Services include placement and counseling with child foster parent(s) to reach goals developed for the child/family. Payment at basic rate for room, board, clothing, and personal incidentals for all children placed in family foster care. Includes case management service provided by DCFS Service Workers to children in substitute care aimed at enabling the child and his/her caretakers to utilize medical, educational, social, and other services necessary or maintaining the child's physical, psychological, and /or developmental health.

17/26 RECIPIENT STATUS: Enter the vendor as the service recipient. See Additional Data below.

	Child	Adult
Primary	X	
Service	X	

21 Entry required. See Appendix C, GENERAL INFORMATION.

32/33 MAXIMUM LENGTH OF SERVICE: 6 months

SERVICE CODE DATA (cont.)

37 REASON:

CODE:	TITLE
A	In-State Placement
B	Out-of-State Placement
C	CPS In-State Placement
D	CPS Out-of-State Placement
E	DDD Child In-State Placement
F	DDD Child Out-of-State Placement

38 OBJECTIVE: None

PAYMENT DATA:
Payment Type: Invoice
39-41 Unit of Service: Month (MON)
41 Rate: Range $344.42 - $490.15
42 Maximum No. of Units: 1

SOURCE OF FUNDS (Item 31):

CODE:	TITLE
1	CEAP IV-A
2	IV-E Court Ordered
4	IV-E Voluntary
5	State Funds Only

Q State Funded - SSI
R State Funded/180 VPA

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3210 (cont.)

SERVICE CODE DATA (cont.)

ADDITIONAL DATA:

1. Enter foster parent data in Items 7-11.

2. Enter private agency data in Items 12-16.

3. Effective 07/01/99 rates for Item 41 are as follows:

Less than six years of age	$344.42
Six through 11 years of age	$418.44
12 years of age or older	$490.15

Change the rate effective the first of the month in which the child reaches the age of 6 or 12.

4. When a private agency has a contract amendment providing for placement in a nonpayment placement, authorize the placement by using the "9" code, i.e., 93211, and a rate of $0.00.

5. Source of funds codes 2 and 4 are only used when the child is IV-E eligible, **and**

a. Is in custody of DSHS, or

b. The DCFS service worker signs the voluntary placement agreement from DSHS 09-04B(X).

6. The rates are broken out as follows:

Age	Room & Board	Clothing Allowance	Personal Allowance	Total
0-5 years	$258.37	$36.40	$49.65	$344.42
6-11 years	328.02	36.40	54.02	418.44
12+ years	388.90	43.28	57.97	490.15

4. DCFS does not pay for the day the child leaves placement, therefore the service End Date should be the date one day prior to the date the child left placement. See SSPS Basics Manual page 01-12, Section L.

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SERVICE CODE DATA

154/159
Item No.

PROGRAM: Child Foster Family Care
EFF. DATE: 07/01/99

35 SERVICE NAME: PA Foster Care
SERVICE CODE (Item 36): 3211
SERVICE DESCRIPTION: Payment for the care of a child provided by a private agency foster home, including placement with a licensed or certified legal guardian. Includes case management services provided by DCFS Service Workers to a child in substitute care aimed at enabling the child and his/her caretakers to utilize medical, educational, social, and other services necessary for maintaining the child's physical, psychological, and/or developmental health.

17/26 RECIPIENT STATUS:

	Child	Adult
Primary	X	
Service	X	

21 Entry required. See Appendix C, GENERAL INFORMATION.

32/33 MAXIMUM LENGTH OF SERVICE: 6 months

SERVICE CODE DATA (cont.)

37 REASON:

CODE:	TITLE
A	In-State Placement
B	Out-of-State Placement
C	CPS In-State Placement
D	CPS Out-of-State Placement
E	DDD Child In-State Placement
F	DDD Child Out-of-State Placement

38 OBJECTIVE: None

PAYMENT DATA:
Payment Type: Invoice
39-41 Unit of Service: Month (MON)
41 Rate: Range $344.42 - $490.15
42 Maximum No. of Units: 1

SOURCE OF FUNDS (Item 31):

CODE:	TITLE
1	CEAP - IV-A
2	IV-E Court Ordered
4	IV-E Voluntary
5	State Funds Only
Q	State Funded - SSI
R	State Funded/180 VPA

ADDITIONAL DATA:

1. Enter foster parent data in Items 7-11.

2. Enter private agency data in Items 12-16.

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3211 (cont.)

SERVICE CODE DATA (cont.)

ADDITIONAL DATA: (cont.)

3. Effective 07/01/99, rates for Item 41 are as follows:

a. Less than six years of age $344.42

b. Six through 11 years of age $418.44

c. 12 years of age or older $490.15

Change the rate effective the first of the month in which the child reaches the age of 6 or 12.

4. When a private agency has a contract amendment providing for placement in a nonpayment placement, authorize the placement by using the "9" code, i.e., 93211, and a rate of $0.00.

5. Source of funds codes 2 and 4 are only used when the child is IV-E eligible, **and**

a. Is in the custody of DSHS, or

b. The DCFS service worker signs the voluntary placement agreement form DSHS 09-04B(X).

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3211 (cont.)

SERVICE CODE DATA (cont.)

ADDITIONAL DATA (cont.)

6. The rates are broken out as follows:

Age	Room & Board	Clothing Allowance	Personal Allowance	Total
0-5 years	$258.37	$36.40	$49.65	$344.42
6-11 years	328.02	36.40	54.02	418.44
12+ years	388.90	43.28	57.97	490.15

7. DCFS does not pay for the day the child leaves placement, therefore the service End Date should be the date one day prior to the date the child left placement. See SSPS Basics Manual page 01-12, Section L.

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SERVICE CODE DATA

154/159
Item No.

PROGRAM: Child Foster Family Care
EFF. DATE: 07/01/99

35 SERVICE NAME: FC Spec Rate
SERVICE CODE (Item 36): 3212
SERVICE DESCRIPTION: Special Rates are additional maintenance payments made for children with specific behavioral/emotional problems, or for children that are intellectually/physically handicapped. See additional data below.

17/26 RECIPIENT STATUS:

	Child	Adult
Primary	X	
Service	X	

21 Entry required. See Appendix C, GENERAL INFORMATION.

32/33 MAXIMUM LENGTH OF SERVICE: 6 months

37 REASON:

CODE:	TITLE
A	DCFS-Behavioral/Emotional Problems
B	DCFS-Intellectually/Physically Handicapped
D	PA-Behavior/Emotional Problems

SERVICE CODE DATA (cont.)

37 REASON: (cont.)

CODE:	TITLE
E	PA-Intellectually/Physically Handicapped
G	Out-of-State Behavior/Emotional Problems
H	Out-of-State Intellectually/Physically Handicapped

38 OBJECTIVE: None

PAYMENT DATA:

	Payment Type:	Invoice
39-41	Unit of Service:	Month (MON)
41	Rate:	$0.0 - $149.03
42	Maximum No. of Units:	1

SOURCE OF FUNDS (Item 31):

CODE:	TITLE
1	CEAP - IV-A
2	IV-E Court Ordered
4	IV-E Voluntary
5	State Funds Only
Q	State Funded - SSI
R	State Funded/180 VPA

ADDITIONAL DATA:

1. The special rate payment, 3212, is always used with service code 3210, DCFS Foster Care Svc, or 3211, PA Foster Care Svc, and entered on the same authorization as the basic payment code.

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3212 (cont.)

SERVICE CODE DATA (cont.)

ADDITIONAL DATA: (cont.)

2. Use the same source of funds (item 31) as 3210 or 3211.

3. DCFS does not pay for the day the child leaves placement, therefore the service End Date should be the date one day prior to the date the child leftplacement. See SSPS Basics Manual page 01-12, Section L.

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SERVICE CODE DATA

154/159
Item No.

PROGRAM: Child Foster Family Care
EFF. DATE: 07/01/99
35 SERVICE NAME: Svc Fee PA FC
SERVICE CODE (Item 36): 3213
SERVICE DESCRIPTION: The monthly fee paid to private child-placing agency for targeted case management for each child placed in its family

foster care. Includes services to enable the child and caretakers to utilize medical, educational, social, and other services necessary for maintaining the child's physical, psychological, and/or developmental health. See DCFS Manual, Sections 45311 and 45313.

17/26 RECIPIENT STATUS:

	Child	Adult
Primary	X	
Service	X	

21 Entry required. See Appendix C, GENERAL INFORMATION.

32/33 MAXIMUM LENGTH OF SERVICE: 6 months

37 REASON: None

38 OBJECTIVE: None

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3213 (cont.)

SERVICE CODE DATA (cont.)

PAYMENT DATA:
Payment Type: Invoice
39-41 Unit of Service: Month (MON)
41 Rate: $290.70
42 Maximum No. of Units: 1

SOURCE OF FUNDS (Item 31): None

ADDITIONAL DATA:

1. Use only in conjunction with service code 3211.

2. A CPA agreement must be signed.

3. Enter foster parent data in Items 7-11.

4. Enter private agency data in Items 12-16.

5. If one private agency borrows a bed from another private agency, DCFS will pay only one service fee.

6. Authorize private agency follow-up services a maximum of six months per private agency placement episode.

7. When a private agency has a contract amendment providing for placement in a nonpayment placement, authorize a service fee by issuing a provider number to the nonpayment placement resource and enter the nonpayment provider number as the provider. Use the private agency provider number as the payee number.

SERVICE CODE DATA (cont.)

ADDITIONAL DATA: (cont.)

8. Use source of funds codes 2 and 4 only when the child is IV-E eligible and:

a. Is in the custody of DSHS, or

b. The Voluntary Placement Agreement form, DSHS 09-004(X) is signed by the DCFS service worker.

SERVICE CODE DATA

154/159
Item No.

PROGRAM: Child Foster Family Care
EFF. DATE: 07/01/99
35 SERVICE NAME: PA Borrowed Home Fee
SERVICE CODE (Item 36): 3215
SERVICE DESCRIPTION: This fee is authorized when DCFS borrows a foster home/bed from a private agency. DCFS only pays the private agency to maintain the foster care license and provide any related licensing services. The code also covers the maintenance of a foster care license for foster parent guardianships in a private agency home. See DCFS Manual, Section 45311.

17/26 RECIPIENT STATUS:

	Child	Adult
Primary	X	
Service	X	

21 Entry required. See Appendix C. GENERAL INFORMATION.

32/33 MAXIMUM LENGTH OF SERVICE: 6 months

37 REASON: None

38 OBJECTIVE: None

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3215 (cont.)

SERVICE CODE DATA (cont.)

PAYMENT DATA:
Payment Type: Invoice
39-41 Unit of Service: Month (MON)
41 Rate: $164.66
42 Maximum No. of Units: 1

SOURCE OF FUNDS (Item 31): None

ADDITIONAL DATA:

1. A CPA Agreement must be signed when borrowing homes/beds and for PA licensed foster parent guardianships.

2. This fee may be paid for up to two children per home.

3. Enter foster parent data in Items 7-11.

4. Enter private agency data in Items 12-16.

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3216 (cont.)

SERVICE CODE DATA (cont.)

154/159
Item No.

PROGRAM: Child Foster Family Care
EFF. DATE: 06/01/94
35 SERVICE NAME: FC Except Cost Maint
SERVICE CODE (Item 36): 3216
SERVICE DESCRIPTION: FC Exceptional Cost Maintenance is a DCFS Administrator/designee approved payment for additional maintenance costs for children with highly individualized needs and where no other SSPS code applies. This code is to be used only for the purchase of foster parent time and expertise necessary to perform exceptionally demanding supervision, physical care, or other activities related to the care of a child. Items/activities authorized and purchased using this code must be part of an overall

case plan and specifically related to the goals of the permanency plan.

17/26 RECIPIENT STATUS:

	Child	Adult
Primary	X	
Service	X	

21 Entry required. See Appendix C, GENERAL INFORMATION.

32/33 MAXIMUM LENGTH OF SERVICE: 6 months

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3216 (cont.)

SERVICE CODE DATA (cont.)

37 REASON:

CODE:	TITLE
A	DCFS-Behavioral/Emotional Problems
B	DCFS-Intellectually/Physically Handicapped
D	PA-Behavior/Emotional Problems
E	PA-Intellectually/Physically Handicapped
G	Out-of-State Behavior/Emotional Problems
H	Out-of-State Intellectually/Physically Handicapped

38 OBJECTIVE:

CODE:	TITLE
A	DCFS-Exceptional Cost FC
B	PA Exceptional Cost FC

PAYMENT DATA:
Payment Type: Invoice
39-41 Unit of Service: Month (MON)
41 Rate: Nonstandard as Authorized
42 Maximum No. of Units: 1

SOURCE OF FUNDS (Item 31):

CODE:	TITLE
1	CEAP - IV-A
2	IV-E Court Ordered
4	IV-E Voluntary
5	State Funds Only
Q	State Funded - SSI
R	State Funded/180 VPA

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3216 (cont.)

SERVICE CODE DATA (cont.)

ADDITIONAL DATA: (cont.)

1. Exceptional Cost FC is always used with service code 3210, DCFS Foster Care Svc, or

3211, PA Foster Care Svc, and entered on the same authorization as the basic payment code.

2. Use the same source of funds (item 31) as 3210 or 3211.

3. When a Private Agency receives the Exceptional Cost FC payment, an exceptional cost Foster Care Plan must be signed by the DCFS Administrator and Private Agency designee prior to authorization.

4. When Exceptional Cost FC is authorized the DCFS supervisor's signature is required in the special instructions section at the bottom of the DSHS 14-154/159.

SERVICE CODE DATA

154/159
Item No.

PROGRAM: Child Foster Family Care
EFF. DATE: 06/01/94
35 SERVICE NAME: FC Except Cost Nonmaint
SERVICE CODE (Item 36): 3217
SERVICE DESCRIPTION: FC Exceptional Cost Nonmaintenance is a DCFS Administrator/ designee approved payment for enhanced <u>services</u> to children with unique needs and where no other SSPS

Code applies. Do not use this code for psych/psych services or for service related to exceptional cost payments for the physical care or supervision of the child. Items/activities authorized and purchased using this code must be part of an overall case plan and specifically related to the goals of the case plan. Typically, they are activity related to skill building or the development of an enhanced self-image. Examples are: music lessons, participation in recreational activities, specialized speech, biofeedback therapy, etc.

17/26 RECIPIENT STATUS:

	Child	Adult
Primary	X	
Service	X	

21 Entry required. See Appendix C, GENERAL INFORMATION.

32/33 MAXIMUM LENGTH OF SERVICE: 6 months

SERVICE CODE DATA (cont.)

37 REASON:

CODE:	TITLE
A	DCFS-Behavioral/Emotional Problems
B	DCFS-Intellectually/Physically Handicapped
D	PA-Behavior/Emotional Problems
E	PA-Intellectually/Physically Handicapped
G	Out-of-State Behavior/Emotional Problems
H	Out-of-State

Intellectually/Physically Handicapped

38 OBJECTIVE:

CODE:	TITLE
A	DCFS-Exceptional Cost FC
B	PA Exceptional Cost FC

PAYMENT DATA:

	Payment Type:	Invoice
39-41	Unit of Service:	Month (MON)
41	Rate:	Nonstandard as Authorized
42	Maximum No. of Units:	1

SOURCE OF FUNDS (Item 31):

CODE:	TITLE
1	CEAP - IV-A
5	State Funds Only

SERVICE CODE DATA (cont.)

ADDITIONAL DATA:

1. Exceptional Cost FC is always used with service code 3210, DCFS Foster Care Svc, or 3211, PA Foster Care Svc.

2. When a Private Agency receives the Exceptional Cost FC payment, an exceptional cost Foster Care Plan must be signed by the DCFS Administrator and Private Agency designee prior to authorization.

3. When Exceptional Cost FC is authorized, the supervisor's signature is required in the special instructions section at the bottom of the DSHS 14-154/159.

4. Counseling, consultation, and child care services are opened under separate SSPS Service Codes.

SERVICE CODE DATA (cont.)

154/159
Item No.

PROGRAM: Child Foster Family Care
EFF. DATE: 07/01/99

35 SERVICE NAME: FC Respite-Daily
SERVICE CODE (Item 36): 3219
SERVICE DESCRIPTION: Respite care by the day for receiving and ongoing foster homes and for adoptive families on the Adoption Support Program. Payments are made to the foster parent or adoptive parent to purchase relief supervision and additional supervision for special activities from and individual provider.

17/26 RECIPIENT STATUS:

	Child	Adult
Primary	X	
Service	X	

32/33 MAXIMUM LENGTH OF SERVICE: 6 months

37 REASON:

CODE:	TITLE
A	Receiving Home DD Child
B	Receiving Home Non DD Child
C	Ongoing Home DD Child
D	Ongoing Home Non DD Child
E	Adoption Support DD Child
F	Adoption Support Non-DD Child

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3219 (cont.)

SERVICE CODE DATA (cont.)

38 OBJECTIVE: None

PAYMENT DATA:
Payment Type: Invoice
39-41 Unit of Service: Day (DA)
41 Rate: Range $0.01 - $54.65
42 Maximum No. of Units: 20

SOURCE OF FUNDS (Item 31):

CODE:	TITLE
5	State Funds Only

ADDITIONAL DATA:

1. Maximum payment rates:

Light Care	$49.97
Moderate Care	$52.15
Heavy Care	$54.65

2. OASI withholding applies.

3. Always enter the Respite Care provider's name in Items 7-11. Enter the Foster Parent's names as payee in Items 12-16.

4. Rates quoted above are the maximum allowed. Regions may set lower rates.

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3219 (cont.)

SERVICE CODE DATA (cont.)

ADDITIONAL DATA: (cont.)

5. Enter the correct provider information in Items 7-11. The department sends a W-2 to providers earning $1,100.00 or more in a year. To avoid erroneous income reports tot he Internal Revenue Service, report provider changes promptly.

6. Only Adoption Support Program Managers authorize this service for Reason Code "E" or "F."

7.Eligibility for this service, Reason Codes "E" or "F, " is limited to those children for whom eligibility for the Adoption Support Program was determined on or after July 1, 1996.

SERVICE CODE DATA

154/159
Item No.

PROGRAM: Child Foster Family Care
EFF. DATE: 07/01/99
35 SERVICE NAME: FC Personal Incidentals
SERVICE CODE (Item 36): 3224
SERVICE DESCRIPTION: An amount paid to receiving home parents as reimbursement

covering personal incidentals required by a child in shelter receiving care.

17/26 RECIPIENT STATUS:

	Child	Adult
Primary	X	
Service	X	

21 Entry required. See Appendix C, GENERAL INFORMATION.

32/33 MAXIMUM LENGTH OF SERVICE: 1 month – should be opened and closed on the same date.

37 REASON:

CODE:	TITLE
A	Child in Regular DCFS Receiving Care
B	Child in Specialized DCFS Shelter/Receiving Care
C	Child in Regular PA Receiving Care

SERVICE CODE DATA (cont.)

37 REASON: (cont.)

CODE:	TITLE
D	Child in Specialized PA Shelter/ Receiving Care

38 OBJECTIVE: None

PAYMENT DATA:
Payment Type: Invoice
39-41 Unit of Service: Each (EA)
41 Rate: Range $0.01 - $57.97
42 Maximum No. of Units: 1

SOURCE OF FUNDS (Item 31):

CODE:	TITLE
1	CEAP - IVA
2	IV-E Court Ordered
4	IV-E Voluntary
5	State Funds Only
Q	State Funded - SSI
R	State Funded/180 VPA

ADDITIONAL DATA:

1. Rates vary as to age of the child:
   0-5 years $49.65
   6-11 years 54.02
   12+ years 57.97

SERVICE CODE DATA (cont.)

ADDITIONAL DATA: (cont.)

2. If the foster parent is to receive reimbursement directly, enter the foster parent data in Items 7-11 and leave Items 12-16 blank.

3. For PA reimbursement, if the private agency is to receive and distribute the money to the foster parent, enter the foster parent data in Items 7-11 and private agency data in Items 12-16.

SERVICE CODE DATA

154/159
Item No.

PROGRAM: Child Foster Family Care
EFF. DATE: 06/01/94
35 SERVICE NAME: FC Clothing (Special)
SERVICE CODE (Item 36): 3225
SERVICE DESCRIPTION: Payment for initial clothing purchased for a child in receiving/shelter care; or clothing purchased by exception in excess of the monthly clothing allowance for a child in foster family care. (See DCFS Practice and Procedures Guide, Chapter 4000 – Child Welfare Services – 45373)

17/26 RECIPIENT STATUS:

	Child	Adult
Primary	X	
Service	X	

21 Entry required. See Appendix C, GENERAL INFORMATION.

32/33 MAXIMUM LENGTH OF SERVICE: 1 month

37 REASON:

CODE:	TITLE
A	DCFS Foster/Receiving Care
B	PA Foster/Receiving Care
C	CRC

SERVICE CODE DATA (cont.)

38 OBJECTIVE:

CODE:	TITLE
A	To Purchase Initial Clothing (Shelter/Receiving)
B	To Purchase Clothing by Additional Payment Approval

PAYMENT DATA:
Payment Type: One-Time Payment

39-41 Unit of Service: Each (Ea)
41 Rate: Range $0.01 - $200.00
42 Maximum No. of Units: 1

SOURCE OF FUNDS (Item 31):

CODE:	TITLE
1	CEAP - IV-A
2	IV-E Court Ordered
4	IV-E Voluntary
5	State Funds Only
Q	State Funded - SSI
R	State Funded/180 VPA

ADDITIONAL DATA:

1. Do not use source of funds code 1 (CEAP IV-A) unless an eligibility determination had been completed by an Eligibility Specialist, verifying the client is IV-A (CEAP) eligible. Source of funds code 1 can only be authorized within the first 30 days of placement.

SERVICE CODE DATA (cont.)

ADDITIONAL DATA: (cont.)

2. Purchase amount shall not exceed $100.00 unless approved by DCFS Administrator/designee.

3. If the foster parent is to receive reimbursement directly, enter the foster parent date in Items 7-11 and leave Items 12-16 blank.

4. For PA reimbursement, if the private agency is to receive and distribute the money to the foster parents, enter the foster parent data in Items 7-11 and the private agency data in Items 12-16.

5. Use of Objective Code B requires DCFS Administrator/designee approval on DSHD 05-195(X), Additional Payment Request.

6. A warrant is issued after the service is closed with a termination code of 1A, 1B, 2A, or 2B, and the end date (item 33) has passed. Any other termination code prevents payment. The warrant is for the exact amount authorized in item 43. The system does not generate an invoice.

SERVICE CODE DATA

154/159
Item No.

PROGRAM: Child Foster Family Care

EFF. DATE: 07/01/96

35 SERVICE NAME: FC Psych Eval/Rpt
SERVICE CODE (Item 36): 3232
SERVICE DESCRIPTION: Arranging for and making payment to a psychologist/psychiatrist or other qualified person for an evaluation of a child/parent/foster parent. Authorize this service to assist in preventing placement, or when making an appropriate foster care placement, or implementing a permanent plan. This includes a written report and if needed, case consultation. Regional and/or DCFS approval must be documented in the service record as appropriate.

17/26 RECIPIENT STATUS:

	Child	Adult
Primary	X	
Service	X	X

21 Entry required. See Appendix C, GENERAL INFORMATION.

32/33 MAXIMUM LENGTH OF SERVICE: 3 months

37 REASON:

CODE: **TITLE**
I Evaluation/Consultation/Report by Psychologist/Psychiatrist

SERVICE CODE DATA (cont.)

37 REASON: (cont.)

CODE:	TITLE
J	Evaluation/Consultation/Report by Appropriate Person Other than Psychologist/Psychiatrist

38 OBJECTIVE:

CODE:	TITLE
B	To Prevent Foster Care Placement
C	To Assist in Making/Maintaining Appropriate Placement
D	To Implement a Permanent Plan

PAYMENT DATA:

	Payment Type:	Invoice
39-41	Unit of Service:	Hour (HR)
41	Rate: -	Range $0.00 - $105.00
42	Maximum No. of Units:	10

SOURCE OF FUNDS (Item 31):

CODE:	TITLE
1	CEAP - IVA
5	State Funds Only

ADDITIONAL DATA:

1. Provision of the services included in this code are subject to the contract terms and funding limitations. (See DCFS Practices and Procedures Guide, Chapter 4000 – Child Welfare Services – 4521).

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3232 (cont.)

SERVICE CODE DATA (cont.)

ADDITIONAL DATA: (cont.)

2. This code is also used by Adoption Services.

3. Department sends a 1099 statement at the end of the year to any provider paid $600.00 or more.

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SERVICE CODE DATA

154/159
Item No.

PROGRAM: Child Foster Family Care
EFF. DATE: 06/01/94
35 SERVICE NAME: FC Transportation
SERVICE CODE (Item 36): 3233

SERVICE DESCRIPTION: Payment for the cost of transportation and associated expenses as approved by DCFS incurred by/on behalf of a child in foster care, receiving FRS services, adoption services, or for return of a runaway. Payment may be made directly to a vendor or to a foster parent for reimbursement of expenses.

17/26 RECIPIENT STATUS:

	Child	Adult
Primary	X	X
Service	X	X

21 Entry required. See Appendix C, GENERAL INFORMATION.

32/35 MAXIMUM LENGTH OF SERVICE: 1 month

37 REASON:

CODE:	TITLE
T	Visitations to Child's Home
U	Transportation by Foster Care Provider
W	Other

SERVICE CODE DATA (cont.)

38 OBJECTIVE: None

PAYMENT DATA:

Payment Type: One-Time Payment
39-41 Unit of Service: Each (EA)
41 Rate: Range $0.01 - $1,000.00
42 Maximum No. of Units: 1

SOURCE OF FUNDS (Item 31):

CODE:	TITLE
1	CEAP - IVA
2	IV-E Court Ordered
4	IV-E Voluntary
5	State Funds Only
Q	State Funded - SSI
R	State Funded/180 VPA

ADDITIONAL DATA:

1. Payment is made directly to vendor for amount of fare.

2. If a foster parent is to receive a reimbursement directly, enter the foster parent date in Items 7-11 and leave Items 12-16 blank.

3. For PA reimbursement, if the private agency is to receive and distribute the money to the foster parents, enter the foster parent data in Items 7-11 and private agency data in Items 12-16.

SERVICE CODE DATA (cont.)

ADDITIONAL DATA: (cont.)

4. When expenses are reimbursed on a per mile basis, calculate total expenses and authorize in one payment. Record calculations in "Special Instructions."

5. Total trip, payments in excess of $200.00 require the DCFS supervisor's approval. The supervisor initials the DSHS 14-154/159.

6. Payments for air and rail travel must be authorized using SSPS Service Code 3234, BTA Transportation.

7. A warrant is issued after the service is closed with a termination code of 1A, 1B, 2A, or 2B, and the end date (item 33) has passed. Any other termination code prevents payment. The warrant is for the exact amount authorized in item 43. The system does not generate an invoice.

SERVICE CODE DATA

154/159
Item No.

PROGRAM: Child Foster Family Care
EFF. DATE: 06/01/94

35 SERVICE NAME: FC BTA Transportation
SERVICE CODE (Item 36): 3234
SERVICE DESCRIPTION: Payment for the cost of air and rail transportation and associated expenses charged to the Business Travel Account (BTA) as approved by DCFS, incurred by/on behalf of a child in foster care, receiving FRS services, adoption services, or for return of a runaway. Payment may be made directly to a vendor.

17/26 RECIPIENT STATUS:

	Child	Adult
Primary	X	X
Service	X	X

21 Entry required. See Appendix C, GENERAL INFORMATION.

32/33 MAXIMUM LENGTH OF SERVICE: 1 month

37 REASON:

CODE:	TITLE
T	Visitations to Child's Home
W	Other

38 OBJECTIVE: None

SERVICE CODE DATA (cont.)

PAYMENT DATA:

	Payment Type:	One-Time Payment
39-41	Unit of Service:	Each (Ea)
41	Rate:	Range $0.01 - $1,000.00
42	Maximum No. of Units:	1

SOURCE OF FUNDS (Item 31):

CODE:	TITLE
1	CEAP - IVA
2	IV-E Court Ordered
4	IV-E Voluntary
5	State Funds Only
Q	State Funded - SSI
R	State Funded/180 VPA

ADDITIONAL DATA:

1. Payment is made directly to vendor for amount offare.

2. Total trip payments in excess of $400.00 require the supervisor's approval. The supervisor initials the DSHS 14-154/159.

3. Authorizing worker completes the DSHS 14-154 and forwards it to the Regional Business Manager.

4. The Regional Business Manager reviews the DSHS 14-154 and forwards it on for processing.

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3234 (cont.)

SERVICE CODE DATA (cont.)

5. Payments for bus fare and mileage reimbursement must be authorized through SSPS Service Code 3233, Transportation.

6. A warrant is issued after the service is closed with a termination code of 1A, 2A, 1B, or 2B, and the end date (item 33) has passed. Any other termination code prevents payment. The warrant is for the exact amount authorized in item 43. The system does not generate an invoice.

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SERVICE CODE DATA

154/159
Item No.

PROGRAM: Child Foster Family Care
EFF. DATE: 07/01/96
35 SERVICE NAME: FC Psych Treatment/Rpt

SERVICE CODE (Item 36): 3235

SERVICE DESCRIPTION: Arranging for and making payment to a psychologist/psychiatrist or other appropriate person for treatment of a child and/or parent(s) necessary to assist in preventing out-of-home placement, making an appropriate out-of-home placement, or implementing a permanent plan. This includes a written report of the treatment outcomes. DCFS and/or regional approval, as appropriate, must be documented in the service record.

17/26 RECIPIENT STATUS:

	Child	Adult
Primary	X	
Service	X	X

21 Entry required. See Appendix C, GENERAL INFORMATION.

32/33 MAXIMUM LENGTH OF SERVICE: 3 months

37 REASON:

CODE:	TITLE
E	Treatment/Report by Psychologist/Psychiatrist

SERVICE CODE DATA (cont.)

37 REASON: (cont.)

CODE:	TITLE
F	Treatment/Report by Appropriate Person Other than Psychologist/ Psychiatrist

38 OBJECTIVE

CODE:	TITLE
B	To Prevent Out-of-Home Placement
C	To Assist in Making or Maintaining Appropriate Placement
D	To Implement a Permanent Plan

PAYMENT DATA:

Payment Type: Invoice

39-41 Unit of Service: Hour (Hr)

41 Rate: Range $0.00 - $110.00

42 Maximum No. of Units: 15

SOURCE OF FUNDS (Item 31):

CODE:	TITLE
1	CEAP - IV-A
5	State Funds Only

ADDITIONAL DATA:

1. Provision of the services included in this code are subject to contract terms and funding limitations. (see DCFS Practices and Procedures Guide, Chapter 4000 – Child Welfare Services – 4521).

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3235 (cont.)

SERVICE CODE DATA (cont.)

ADDITIONAL DATA: (cont.)

2. This code is used by Adoption Services.

3. The department sends a 1099 statement at the end of the year to any provider paid $600.00 or more.

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SERVICE CODE DATA

154/159
Item No.

PROGRAM: Child Foster Family Care
EFF. DATE: 07/01/99
35 SERVICE NAME: Reg Receiving Retainer
SERVICE CODE (Item 36): 3241
SERVICE DESCRIPTION: The monthly fee paid to receiving home foster parents to assure the availability of a bed on a 24-hour-per-day basis for children who require temporary care on short notice.

17/26 RECIPIENT STATUS: Enter the foster parent name as service recipient. See Additional Data below.

	Child	Adult
Primary		
Service		X

32/33 MAXIMUM LENGTH OF SERVICE: 6 months

37 REASON: None

38 OBJECTIVE: None

PAYMENT DATA:
Payment Type: Invoice
39-41 Unit of Service: Each (EA)
41 Rate Range: $51.12
42 Maximum No. of Units: 6

SOURCE OF FUNDS (Item 31): None

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3241 (cont.)

SERVICE CODE DATA (cont.)

ADDITIONAL DATA:

1. This service does not prorate and should always be authorized for the full month.

2. An entry is not required for primary recipient or eligibility data, Items 17-25.

3. Enter foster parent name in Item 26.

4. Enter 99/99/99 in Item 27.

5. Enter V in Item 29.

6. New home may not be added without approval of DCFS RA or designee.

7. Effective 1/1/96 the department will send a 1099 wage statement to providers paid $600.00 or more in the year.

SERVICE CODE DATA

154/159
Item No.

PROGRAM: Behavior Rehabilitation Svcs.
EFF. DATE: 01/01/95
35 SERVICE NAME: Residential Assessment
SERVICE CODE (Item 36): 3418
SERVICE DESCRIPTION: Payment for maintenance services provided by a short-term residential facility for the purposes of providing an assessment and/or diagnosis, development, and implementation of a treatment plan and assisting

DCFS in identifying appropriate levels of service for children.

17/26 RECIPIENT STATUS:

	Child	Adult
Primary	X	
Service	X	

21 Entry required. See Appendix C, General Information.

32/33 MAXIMUM LENGTH OF SERVICE: 3 months

37 REASON:

CODE: **TITLE**
A Nonprofit agency providing services
B For profit agency, Service Alternatives, providing services

SERVICE CODE DATA (cont.)

38 OBJECTIVE: None

PAYMENT DATA:
Payment Type: Invoice Payment
39-41 Unit of Service: Month (MON)

41 Rate: Vendor Unique (see provider file)

42 Maximum No. of Units: 1

SOURCE OF FUNDS (Item 31):

CODE:	TITLE
1	CEAP (Title IV-A)
2	IV-E Court Ordered
4	IV-E Voluntary
5	State Funds Only
Q	State Funded - SSI
R	State Funded/180 VPA

ADDITIONAL DATA:

1. Service is limited to a maximum of 90 days.

2. Approval for services must be received fromthe DCFS Group Care Coordinator.

SERVICE CODE DATA

154/159
Item No.

PROGRAM: Behavior Rehabilitation Svcs.
EFF. DATE: 05/01/95

35 SERVICE NAME: Medically Fragile
SERVICE CODE (Item 36): 3448
SERVICE DESCRIPTION: Payment for services to children who require complex medical care for a condition of such severity/complexity that skilled nursing care is required. This service includes rehabilitation services provided by contractor staff to remediate developmental, behavioral, and psycho-social conditions in children.

17/26 RECIPIENT STATUS:

	Child	Adult
Primary	X	
Service	X	

21 Entry required. See Appendix C, General Information

32/33 MAXIMUM LENGTH OF SERVICE: 6 months

37 REASON:

CODE:	TITLE
A	Nonprofit agency providing services in out-of-home placement

SERVICE CODE DATA (cont.)

37 REASON: (cont.)

CODE:	TITLE
B	Nonprofit agency providing services in child's own home
C	For profit agency (Service Alternatives) providing services in out-of-home placement
D	For profit agency (Service Alternatives) providing services in child's own home

38 OBJECTIVE: None

PAYMENT DATA:

	Payment Type:	Invoice Payment
39-41	Unit of Service:	Month (MON)
41	Rate:	Vendor Unique (see provider file)
42	Maximum No. of Units:	1

SOURCE OF FUNDS (Item 31):

CODE:	TITLE
1	CEAP - IV-A
2	IV-E Court Ordered
4	IV-E Voluntary
5	State Funds Only
9	CAP Waiver Client
Q	State Funded - SSI
R	State Funded/180 VPA

SERVICE CODE DATA (cont.)

ADDITIONAL DATA:

1. Approval for services must be received from the DCFS Group Care Coordinator.

2. Source of funds Code 9, CAP Waiver Client, must only be used when services are provided by Echo SRS.

SERVICE CODE DATA

154/159
Item No.

PROGRAM: Behavior Rehabilitation Svcs.
EFF. DATE: 01/01/95
35 SERVICE NAME: IA Extreme Beh/Emo Dis
SERVICE CODE (Item 36): 3455
SERVICE DESCRIPTION: Payment for maintenance and/or services to children with extreme behavioral/emotional disorders. This service includes rehabilitation services provided by

contractor staff to remediate developmental. behavioral, and psycho-social conditions in children.

17/26 RECIPIENT STATUS:

	Child	Adult
Primary	X	
Service	X	

21 Entry required. See Appendix C, General Information

32/33 MAXIMUM LENGTH OF SERVICE: 6 months

37 REASON:

CODE:	TITLE
A	Nonprofit agency providing services in out-of-home placement

SERVICE CODE DATA (cont.)

37 REASON: (cont.)

CODE:	TITLE
B	Nonprofit agency providing services in child's own home
C	For profit agency (Service Alternatives) providing services in out-of-home placement

D	For profit agency (Service Alternatives) providing services in child's own home

38 OBJECTIVE: None

PAYMENT DATA:

	Payment Type:	Invoice Payment
39-41	Unit of Service:	Month (MON)
41	Rate:	Vendor Unique (see provider file)
42	Maximum No. of Units:	1

SOURCE OF FUNDS (Item 31):

CODE:	TITLE
1	CEAP (Title IV-A)
2	IV-E Court Ordered
4	IV-E Voluntary
5	State Funds Only
Q	State Funded - SSI
R	State Funded/180 VPA

SERVICE CODE DATA (cont.)

ADDITIONAL DATA:

Approval for services must be received from the DCFS Group Care Coordinator.

SUPERIOR COURT OF WASHINGTON FOR
THURSTON COUNTY

DANIEL DILLON and TIMOTHY MILLER,	)	
Petitioner,	)	
vs.	)	No. 97-2-0813-9 98-2-1524-9
STATE OF WASHINGTON, DSHS,	)	
Respondent.	)	

ARGUMENT OF COUNSEL and COURT'S RULING

BE IT REMEMBERED that on March 23, 1999, the above-entitled and numbered cause came on for hearing before the HONORABLE RICHARD A. STROPHY, Judge of Thurston County Superior Court.

APPEARANCES OF COUNSEL:

For the Petitioners	THOMAS FOX Legal Services 9601 Steilacoom Blvd SW Ft. Steilacoom, Washington 98498-7213
For the Respondent	DEBRA E. CASPARIAN Attorney General's Office P.O. Box 40124 Olympia, WA 98504-0124

REPORTED BY: Aurora J. Shackell, Official Court Reporter C.S.R. No SHACKAJ334KD.

THE COURT: The matter before the Court is Timothy Miller and Daniel Dillon, petitioners, versus State of Washington Department of Social and Health Services, respondent, cause number 97-2-813-9 -- apparently, these are consolidated matters -- along with cause number 98-2-1524-9.

Comes on at this time for hearing on the challenge of the petitioners to the Department of Social and Health Services Financial Recovery Office's alleged levy against social security funds drawn by the petitioners pursuant to a notice and finding of responsibility for the costs of petitioners' care as patients involuntarily committed to Western State Hospital.

I've received briefs of counsel Mr. Thomas Fox for petitioners and the response brief of Department of Social and Health Services, Assistant Attorney General Deborah Casparian, a reply belief on behalf of the petitioners, and I've received and reviewed the record below. It appears that the issues presented here are legal issues in nature, and there's no real contest as to the factual basis for the issues that are set forth in the record, so I've focused on those issues rather than any other concern.

Are there any preliminary comments from counsel before argument? Okay. I'll hear first from petitioner, Mr. Fox.

MR. FOX: Thank you, Your Honor.

THE COURT: Do you want to argue from counsel table? That's fine if you're comfortable there,

as long as I can hear you, or you can argue from the podium. Whatever you're comfortable doing.

MR. FOX: I'm not comfortable at all, but we'll give it a try from here, Your Honor. If you have difficulty hearing me, please let me know, and I can move forward to the podium. I represent, of course, Daniel Dillon and Timothy Miller, who are involuntarily -- or at the time this issue arose, were involuntarily committed. I believe Mr. Miller is. Mr. Dillon may be in the community now. At the time I received a waiver of appearance from both of them, I explained this would be in the nature of appellant argument and they need not be there, and they agreed. Further, there would be complications escorting them down here. So they've agreed to let me argue their case for them today.

Your Honor, you've reviewed the files, and I think you probably have a good picture today. I'll try and be concise. What brings us here today is what I consider to be a very unfair situation at Western State Hospital, a situation that is best described in a brief scenario. Perhaps you and I could tragically be afflicted with mental illness right now because of our actions, and we might be involuntarily committed to Western State Hospital. We could apply for and receive as disabled persons social security disability income, and, in our cases, probably based on our work history, SSA, as it's called.

THE COURT: Are those two distinct funds, or is SSA what you referred to as social security disability income?

MR. FOX: Yes. It's a bit complex. There's an SSI. SSI is a needs-based income guaranteed to all

citizens in this country which arose, I think, out of the New Deal Era back in the thirties. That is not the funds -- those are not the funds in question today. Today, the funds are earned through a work history that the individual has performed, much like a Federal insurance policy. And those funds are then awarded or granted on either achievement of a certain old age, 62 or 65, or, in this case, on a showing of a disability. Both the clients here have a mental disability and have qualified for their social security funds, and they're variously OASDI, SSA or Title II benefits. All of those terms are used throughout the court documents and pleadings here.

But when I'm talking about social security, I'm talking about that one class where we've earned them much like an insurance policy from our work history.

I should tell the Court, then, if a person receives SSI in the community and they have a minimum -- they don't have a work history and they have a minimum number of assets, if they receive -- and go to the hospital, that automatically stops SSA because it's more like an insurance policy that was earned. Does not necessarily stop. It continues to run to the most of the patients.

THE COURT: We're talking SSA, OASDI?

MR. FOX: Yes, OASDI. Okay. You and I could, supposedly, if we were ill, receive this SSA disability income, and we might each get $500 a month. When we move into the hospital, we could have the same diagnosis, same prognosis for release. We could be assigned to the same ward. We could be roommates in Western State Hospital. But if you

were fortunate enough to have a family member, a spouse, a parent or perhaps a child who went to social security and applied to be your payee, the State because of the Federal prohibitions would not be allowed to impose a debt on your social security income.

I should clarify here that I'm assuming that we only have social security income. If there are other assets, we do not question the State's ability to bill against those. But you and I receive only social security disability. We go to the hospital. You have a family member payee. And the law prohibits the State from even sending an NFR to these people based on our social security income.

If I have to my disadvantage no family member, no contact in the community, no one that can become my payee, Western State applies to be my payee, and they then subject me to this bill, this levy, called a "Notice of Finding of Responsibility." They subtract 42 -- 41.62, I believe, which is a mandatory exemption, which comes out to about ten dollars a week, and they bill me for the rest. And because they are my payee, the accounting office sends that money -- as noted in the initial decision by Judge Heller in the Dillon case, it goes right to OFR.

So they get my money, and they don't get yours. The upshot of that is that I, as a person who has -- have little resources at the end of, say, six months, and we're both ready to be released. We get $500. You might have $3,000 to get a deposit on an apartment, some furniture, maybe a TV. If I've spent my ten dollars a week, I have nothing. I'm relying on community shelters, on missions and

whatever else. This is obviously an unfair and unequal situation and why we bring this matter to this Court today.

Now, how did this situation arise? I'm looking now at a -- at the agreed order between the Attorney General of Washington and, at that time, the Plaintiffs, the Evergreen Legal Services in the *Brinkman vs. Rahm* case. The agreed order signed by the United States District Judge in December of 1988 –

THE COURT: I don't believe I have a copy of that. Was it submitted?

MR. FOX: Perhaps not, Your Honor.

THE COURT: Did the Attorney General submit that with the materials?

MR. FOX: You know, there's so much material, maybe the Court didn't get one. I don't know. Could I hand one up at this point?

THE COURT: If there's no objection.

MS. CASPARIAN: I have no objection, Your Honor.

THE COURT: Okay. Thank you. I can use this as a bench copy? You have your own copy?

MR. FOX: We each have copies.

THE COURT: Thank you.

MR. FOX: Part of that order that I'm referring to as the outcome of the *Brinkman vs. Rahm* decision as reported at 878 Fed 2d 263, the 9th Circuit opinion -- this was the agreed order, as I said, between the State and the plaintiffs' attorneys.

And on page six, number two, it says "Notice to patients: The defendant shall distribute copies of attachment B to this order to the patients as follows: To every current patient at Eastern or Western State Hospital at the time, regardless of who their payee was --

THE COURT: You're on page two?

MR. FOX: Page six.

THE COURT: Six.

MR. FOX: Number two.

THE COURT: Number two. Thank you.

MR. FOX: It says the defendants -- "The state hospital shall distribute," and then it goes on to say, "A copy shall be posted at patient windows at the hospital accounting offices, remained posted indefinitely. Replace these copies with fresh copies as needed." I refer, then, to attachment B which the Court has ordered delivered to every patient at the hospital. And, in pertinent part, number two, under staff may not do any of these things," it says, "The state may not even consider the social security funds when it decides whether a patient owes money for costs of care." This means that if a patient has only social security money, he or she does not owe any money to the State for the costs of care.

We come here today because my clients were aware of that. They were notified on the Notice of Finding of Responsibility that the State may not seize their social security money, but they're also notified at the patient accounting office that if their only funds which are Social Security -- which is the case of both my clients -- there is no debt, they are

told. The problem arises in that the State claims that this prohibition based in Federal law does not apply when the State is the representative payee for the social security funds. My clients receive a notice and finding, and they are told you are being billed "X" number of dollars per day, which ends up being all of their social security minus ten dollars a week. They come to me and they say, "What about all these notices?" And I have then pursued through the appellate process, the administrative appeals process and to here their complaints that this should not be the case.

We're asking the Court today to correct this unevenness. We ask that the costs of care be set for my two plaintiffs at zero. There are four legal reasons why the Court should do this. The first reason, as I alluded to with my scenario, is equal protection of the laws. Equal protection. The simple statement of equal protection is that similarly-situated persons should be treated alike under the law. Here, we have two classes of patients at Western State Hospital, one with a family member payee and one with the hospital as payee: One incurs a debt for all of his money when he's in the hospital; one the State cannot impose a debt. This is an unequal and unfair situation. It has no reasonable basis for its existence.

Another way to look at the complication of this from an equal protection point of view is that, apparently, the State would assert that, based on who receives the social security checks, Federal law is interpreted differently. My clients and I disagree. We believe that the Federal law is clear. We believe that *Brinkman vs. Rahm*, Western State Hospital

versus the petitioners and patients, establish a clear statement of what the Federal law means when it exempts funds from costs of care. Equal protection is one prong that the Court should find that the State's actions are wrong.

The second legal reason of four why the State should be prohibited from imposing a debt that is calculated against social security funds, is the doctrine of preemption. Federal law preempts State law where an actual conflict exists between the State and Federal law. The supremacy clause of the United States Constitution grants that power to the Federal law.

No one, as far as I can tell, across the nation in the case law dealing with this issue has dealt directly with the question of the word "levy." Certainly, in the Social Security Act, subsection 407(a), which is, of course, the major bone of contention here, the issue we are dealing with, it's a general prohibition against what any assignment -- actually, the Court has read it -- "The right of any person to any future payment under this subchapter shall not be a transferable assignment at law or in equity, and none of the monies paid or payable or rights existing under this subchapter shall be subject to execution, levy, attachment, garnishment or other legal process to the operation of any bankruptcy or any insolvency law."

Now, to me, in simple form, that means that the Federal government, when they granted these disability funds as a minimum income level for persons, they wanted them to get -- they didn't want anybody else to get them. "Levy", as I said, has not

been the subject of legal argument, as far as I can tell, but "levy" is there in the statute. "Levy" also appears in our state statutes. The Notice and Finding of Responsibility, of the document which my clients are served with, defines itself in the WAC 275-16-065(7) and (8). The end product of the notice is the adjusted charges. The definitional Section of 275-16-015(1) defines the adjusted charges as those charges levied on a patient. Our own statute uses the word "levied". Charges are levied by a levy. The notice and finding is a levy. Federal law prohibits a levy.

I can find no clearer statement that Federal law is in direct conflict with State law. It has been argued at several of the administrative hearings that a levy doesn't mean a levy. I have both Black's and Webster's here, and the first verb -- verbal meaning of "levy" is to assess. In both dictionaries, "To assess, to count, to place forward as a bill." There are other definitions, execute, exact, seizure, which the state has tried to use, but none of those definitions -- well, let me say none of them. They're accurate, but the State attempts to ignore the first definition is exactly an assessment.

Exactly what the NFR does, it says, you have this much Federal social security money, and we want it. We're going to get it. That assessment is prohibited by subsection 407. A levy is prohibited. The State levies. There's a conflict in the law, and I believe that that should preempt the State from issuing a notice and finding to patients where their sole income is Federal social security disability money.

I might insert here that in the *Brinkman vs. Rahm* case, the injunction which was issued by the district court and affirmed by the 9th Circuit Court of Appeals included the language that the relief was to enjoin the defendants and their successors from counting the plaintiff's social security funds as an available asset.

THE COURT: What do you do with the argument of the State, if I understand it correctly, that the hospital payee patients are not within that class?

MR. FOX: Your Honor, they are not within that class. They were not included. Does that mean that Federal law is different for them because they're not in that class? The State has continually said that law doesn't apply to these patients. That law only applies – this injunction only applies to this appeal. You know, but for that law, we'd be sending these guys a bill, too. But that isn't what the Federal statute contemplates. The Federal statute contemplates that this money reach the disabled person, be put away for his rent and his furniture.

THE COURT: So your position is *Brinkman* stands for the proposition you can't touch the SSA proceeds; they're not calculable in the estate that can be reached?

MR. FOX: Correct. I would quote from Judge Heller's original decision in *Dillon*, on page seven, number ten: "While it is clear the injunction imposed against the Department of Social and Health Services in *Brinkman* does not directly apply to this proceeding, that does not mean that the Court's interpretation of the Federal statute is

irrelevant." "The Court," meaning the Brinkman court, relying on the United States Supreme Court decision in *Bennett vs. Arkansas*, "held that the Federal statute preempts the Washington collection procedures. And collection procedures is a broad term."

Then he goes on in subsection 11, "From a fair reading of *Brinkman* and *Bennett*, it's clear the Department must consider OASDI benefits or the" --

THE COURT: Where are you reading from?

MR. FOX: Are you on Judge Heller's decision?

THE COURT: Yes.

MR. FOX: Page seven, and then I jumped to page eight, number 11.

(Pause.)

THE COURT: Okay. I have it now. You want page seven and what other page?

MR. FOX: I went to page eight, subsection 11, basically his finding on number 11.

THE COURT: Okay. Thank you.

MR. FOX: All right. Thank you, Your Honor. I think the State's contention is that somehow my clients are specifically excluded from the *Brinkman* ruling, and I think that's a reversal of the proper thought process. I think what happened is they were not included in the plaintiff class. And I don't believe and I would argue to you that that does not mean that the Federal law does not apply as equally to them as anyone else, merely because the injunction may not apply directly to them. But,

nonetheless, does Federal law change because they were not included in a plaintiff class? I would say no, and I would ask the Court to say no. The Federal laws are designed to keep those benefits going to the disabled person.

I've argued that equal protection requires that persons be treated equally. I've argued that Federal law preempts the state law.

The third prong of our argument is the State's own accounting procedures. If they follow the rather intricate system set up in WAC 275-16, that they are to subject assets to a test to see if they are available, they are told to look at all the resources available to any particular patient, and then -- and I'm stating this simply: They're told to exclude any resource which is considered exempt by Federal law. The question then arises: Does subsection 407(a) of the Social Security Act exempt funds -- clearly, it exempts funds from collection and levy and legal process and attachment.

If they are exempt, then the Department in their collection laws -- and I don't know if the Court – it confused me for a long time, but 275-16 refers to WAC 511 -- sorry. 588 -- I'm sorry, Your Honor. 38-511-1160 is the list of exemptions it considers, burial plots, and I think homesteads and spousal maintenance agreements. It's something the Department must subject monies to to see if they can collect them. In that statute is the prohibition against those -- considered exempt from Federal funds.

The last collection -- or the last revision of that law says Federal funds are not counted. Federally-

exempt funds are not counted. And that, unfortunately, is changed to a number of 388-470. I hope I'm not confusing Your Honor with all these WAC's. If the State followed its accounting procedures, they would exempt federally-protected funds, and the accountability of my clients would be zero. I would suggest that the Attorney General of the State of Washington and the Plaintiffs in *Brinkman vs. Rahm* did that work for us. They looked at the accounting procedures of the state and their injunction, which the 9th Circuit said was to enforce the law as it should be enforced the way it was understood at the time. The defendants and their successors are enjoined from accounting the plaintiffs' social security funds as an available asset in computing their liability. That injunction to the plaintiffs in *Brinkman* is a statement of what I believe the law should be for any patient at Western State who had solely social security funds as his income.

The final argument I would make to the Court today is that the State places itself in an extremely awkward position by becoming payee for my clients. As my brief notes, we do not disagree that they can become payee, an institution where a person resides as a potential payee, nor do we dispute that a payee can pay for custodial care of his beneficiary. I think those two statutes are considered separately, however, and when the State wears both hats, of acting in the best interests of beneficiary and yet pays itself, it's breaching a fiduciary duty to the beneficiary without that beneficiary's consent. Obviously, they do not consent because they have appealed the State's decision here today. They've

said, "We don't want the State to act in our best behalf by paying themselves."

Further, as a fiduciary for the beneficiary, the State would seem hard-pressed to know that a payee of protected funds can conserve all those funds for its beneficiary, for the ward, if it's not the State, and yet, the State turns around and pays itself. They know that if they were not the State, they could hang onto the $3,000 to get you an apartment. Instead, they turn around and pay themselves for hospital care. I think that is a breach of the fiduciary duty, and I think they put themselves in an awkward and unfair situation with respect to my clients.

I tried to give the Court four legal reasons why this unfair situation should be changed. I'm prepared to answer questions. And I'm sorry I'm not clearer on all the statutes and the WAC's involved, but we would ask you to correct this unfair situation today.

THE COURT: I'll give you an opportunity for rebuttal, if you wish. Ms. Casparian.

MS. CASPARIAN: Yes. Thank you, Your Honor. My name is Deborah Casparian. I represent the Department of Social and Health Services. The Department's requesting that this Court affirm the review decisions for both the petitioners. Petitioners argue that this case is similar to *Brinkman*, or *Brinkman* should rule the case here. This case is not *Brinkman vs. Rahm*, and that case does not control here. If the petitioners think that the injunction in that case should apply in a broader situation, they should bring a motion to the Court overseeing that injunction. They haven't done so. The Department

certainly is not arguing that the Federal law 42 USC Section 407 applies differently to those patients for whom the Department services representative payee and for whom those patients the Department or Western State does not serve as representative payee. Certainly, the Department's not arguing that Federal law applies differently. What the Department is arguing is that Federal law does not preempt state law. It allows the Department, Western State Hospital, specifically to serve as representative payee and use the monies towards costs of care.

There are two issues before the Court today: Specifically, whether petitioners have met their burden of proving that Federal law preempts state law; and, secondly, whether or not Western State Hospital's actions as representative payee violate the petitioner's equal protections rights. First, the petitioners haven't proven that Federal law preempts state law. There is a strong presumption against preemption. They have not met it. They haven't shown there's an actual conflict between State law and Federal law. They haven't shown that Congress clearly intended to preempt State law, nor have they shown that Congress has occupied the field such that Federal law is implied to preempt State law.

Certainly, when looking at a preemption argument and trying to interpret Federal law, this Court should give deference to the interpretation of the agency charged with administering that Federal law. The Social Security Administration is charged with administering the representative payee program, certainly granting the benefits to these

individuals. Their interpretation of the Federal law and their regulations should be given deference. State law, which obligates a patient to pay for his or her care and state law which allows the Western State Hospital to use a patient's social security monies when it serves as representative payee towards costs of care doesn't violate Federal law.

The petitioners concede that -- let me back up. The petitioners collapse the analysis by arguing that when Western State serves as representative payee and also has custody of a patient, that violates Federal law. But that collapses the analysis, and we need to take it point by point.

First, Western State Hospital, the State, is authorized or permitted to apply to the Social Security Administration to serve as representative payee. As I said, petitioners concede that point. Certainly, Federal law and the regulations allow that. Second, a representative payee, as petitioners concede, is authorized to use social security funds for the benefit of the beneficiary. Specifically, in the regulations, a representative payee is authorized to use the benefits to pay for the customary charges at a state institution. The Social Security Administration has contemplated representative payees, whether or not they're going to be a private, individual or state and then has contemplated what a representative payee, including the State, may do with the social security funds.

Therefore, the Department's actions -- the Western State Hospital's actions as representative payee to use partial social security funds towards cost of care is in full compliance with Federal law.

THE COURT: Let me get to a point that's been made and I've contemplated on since I read the materials. Do you agree that *Brinkman* says that if you're a patient that either is your own payee or is represented by a private non-government payee, that SSA funds are beyond reach, they're not calculated as part of the patient's estate which can be required to be used to pay costs of care? Does *Brinkman* say that or doesn't it?

MS. CASPARIAN: It says something similar, Your Honor. The *Brinkman* court found that Western State Hospital, when it was not serving as representative payee, actually went into a patient's bank account and seized the money. That violated 407. That's what *Brinkman* says. It did not say that -- in fact, the *Brinkman* court said that there are certain procedures that this Court certainly can't contemplate that may not violate 407. *Brinkman* was only limited when a state was not serving as representative payee and limited to those facts when Western State Hospital was reaching into a patient's account. And, certainly, the injunction that came from that case on the bottom of page one specifically contemplates that that case was only where the State did not serve as representative payee. It says patients for whose social security income, the defendants, are representative payee, where Western State Hospital is representative payee, have not been included in the plaintiff class. Accordingly, the defendant's use of their payee powers to the social security income for cost of care collections is not before the court and is not governed by the order.

The Department's position is --

THE COURT: Well, I'm not through with that yet. You cited the injunction, the actual injunction. I was looking at the order. What do you contend paragraph two of the order means, "defendants are enjoined from counting plaintiff class members' social security as an available asset"?

MS. CASPARIAN: Your Honor, where are you looking?

THE COURT: I'm looking at page two of the agreed order concerning the enforcement.

MS. CASPARIAN: Yes, Your Honor. This injunction is specifically limited where the Department is not serving as representative payee. It says here that the Department is enjoined from counting plaintiff class members' social security funds. This is only where the State did not serve as representative payee, and that's an important distinction.

THE COURT: Well, what I'm trying to do is understand how the social security funds for a patient who has a private payee are considered unavailable in computing their liability, how the character of the funds differ if they are being paid to a state representative payee or hospital. Help me understand that.

MS. CASPARIAN: The character of the social security funds do not change when the State is representative payee or when the State is not representative payee. The 9th Circuit found when State was not representative payee and was reaching into the patient's funds, that violated 407. This injunction, which was --

THE COURT: Why did it violate 407? Because the funds are not an available asset in computing their liability?

MS. CASPARIAN: No. The 9th Circuit found that when the State did not serve as representative payee and took the money anyway with no authority over the funds, when they actively went into the bank accounts, that violated 407. The 9th Circuit did not find that Federal income, social security benefits, were exempt from ever being counted. That's not what *Brinkman* stands for. There's no case that stands for that proposition.

The plaintiffs have cited two cases such as *Bennett vs. Arkansas*, whieh is a U.S. Supreme Court decision and *Philpott*, which is another U.S. Supreme Court decision. None of those cases have held that the State can't use monies to pay for costs of cases – or use social security monies to pay for costs of care. Those cases are when the State is not serving as representative payee. The State took the money, anyway.

In *Bennett vs. Arkansas*, the State sued an individual to get his social security monies. The Court found that's legal process. That violates 407. That's seizure. The State wasn't acting as representative payee, had no authority over the funds, but sued. That violated 407. Similarly, in *Philpott*, the State brought suit in that case to attach another individual's social security funds. That, again, was legal process. None of those cases stand for the proposition that a State serving as representative payee cannot use the monies towards costs of care.

THE COURT: Let me give you an example: Let's say I'm a patient at Western State Hospital and I get $500 a month social security, and Earlene here is my representative payee. And she gets money on my behalf and decides that she's going to invest it in Solomon Smith Barney. Can't go after it, can you?

MS. CASPARIAN: The Department is prohibited from going after a representative payee to seize the social security funds, and, certainly, when the Department is complying with the injunction, the agreed order concerning enforcement in *Brinkman vs. Rahm*, the Department, Western State Hospital, can't even issue -- the Department cannot issue a Notice of Finding of Responsibility to the representative payee. That's because they're complying with the injunction.

THE COURT: Okay. But if instead of Earlene being my representative payee, for whatever reason, I can't have anybody come forward to be my representative payee, then my representative payee can make the decision to be fiscally responsible on my behalf and pay my current costs of care, my current maintenance, because, under State regulations, that's allowed, and according to your argument, that's also contemplated and allowed by the Federal regulation. Is that right?

MS. CASPARIAN: Yes, the Social Security Administration does permit it. Petitioners have sort of mischaracterized the situation. Western State Hospital is designated as a patient representative payee. It's the Office of Financial Recovery which seeks payment for their costs of care. What happens is, OFR will establish a patient's liability, will issue a

Notice of Finding and Responsibility, or NFR, and send them that to Western State Hospital. And in the record, it's shown that Western State Hospital then has a decision whether or not they want to pay the money to the Office of the Financial Recovery. Western State Hospital is clearly complying with the social security regulations which have already contemplated this situation where a State can be representative payee and its representative payee can specifically use the benefits to pay for customary charges at a state institution.

Petitioners have argued this violates their equal protection rights. but it does not.

THE COURT: Okay. I'm interested in how it doesn't. Tell me.

MS. CASPARIAN: To establish an equal protection violation, this -- let me back up. There is no suspect class here, and, as petitioners concede, it's a rational basis test. A rational basis test is very easy to me, and all the Department would need to show is that the legislation applies alike to all members. There are reasonable grounds to distinguish.

THE COURT: Does it apply alike to all members who receive is SSA?

MS. CASPARIAN: It applies to all like members for whom the Department serves as representative payee. The Department is --

THE COURT: There's no question about people who have the Department as representative payees are going to be paying for their current care. I mean, there's no disparity in that class. But how

do you distinguish the entire class. and that is people who get SSA benefits.

MS. CASPARIAN: The way the Department distinguishes from that is because they're complying with this injunction where Legal Services specifically contemplated with the Attorney General's Office that this case did not concern those situations where the Department served as representative payee.

THE COURT: Okay. Help me, then, understand the Federal cases, which I don't have quick access to as perhaps you do in the time I've had to prepare. The Federal cases say that SSA are -- well, they say that SSA funds cannot be forcibly obtained by levy, attachment, execution or any other legal process.

MS. CASPARIAN: That's correct. Because of 407, the State or private individual couldn't sue someone to get their social security money. They couldn't just take it, and certainly that's what *Bennett vs. Arkansas* and *Philpott* and *Brinkman* all contemplate. In *Bennett vs. Arkansas*, the State was not the representative payee, but the State seized a prisoner's social security benefits. They thought that they were entitled to it. They weren't the representative payee. They seized the patient's funds and filed suit against the prisoner. The Supreme Court said, clearly, that violates 407.

THE COURT: The key in those Federal cases, the rationale was that not the funds were exempt, but that the funds could not be forcibly attached.

MS. CASPARIAN: Exactly.

THE COURT: Or, for want of a better word, forcibly obtained through attachment, levy, execution or any other --

MS. CASPARIAN: Exactly, Your Honor. That's what this case is about, and that's what these cases -- it's the difference between creating an obligation and being able to enforce the *Fetterusso* court and *Kriegbaum* court. Both contemplated the situation and specifically said that the difference is 407 doesn't eliminate the underlying debt but precluded states from using legal process to enforce the obligation.

THE COURT: All right. So next question: Is there any Federal court that has considered the equal protection argument being made here?

MS. CASPARIAN: Not to my knowledge, Your Honor. And, certainly, the rational basis review is an easy test to meet. It's a heavy burden for the petitioners to be able to meet and distinguish them between all SSA patients, as Your Honor asked about. The Department is distinguishing among those because of the injunction. That's rationally related to their actions, or their actions are rationally related to the injunction they're complying with. Petitioners haven't met their burden of meeting that rational relationship test.

THE COURT: Well, excuse me for interrupting you, but what do you do with the argument it may be rationally related to a legal distinction made by a court but it's not rationally related to any factual distinction between the two classes of SSA recipients, other than one has a private representative payee who can say, "Tough,"

and the other has a representative payee who apparently considers it in the best interests of the actual payee to pay their current costs of care as it is due?

MS. CASPARIAN: That's an important distinction where the State is serving as payee and where there's a private representative payee. Just because a patient has a private representative payee doesn't necessarily mean that private representative payee doesn't have an obligation to pay for their care, pay for the patient care. The injunction certainly prohibits the Department from letting anybody know that, and the Department is complying with that. But that is an important distinction when the Department is serving as representative payee from the Social Security Administration. It gives authority over the patient's social security funds, and, certainly, they can't do that when they're complying with the injunction to even send a bill or Notice of Finding of Responsibility to a private representative payee.

THE COURT: So is there any notice given to involuntarily-committed patients who receive SSA funds, that they have a right to appeal the SSA, Social Security Administration's, designation of Western State Hospital as protective payee or --

MS. CASPARIAN: Yes, Your Honor. There --

THE COURT: -- representative payee?

MS. CASPARIAN: When the Social Security Administration intends to designate a representative payee, in this situation, Western State Hospital, it will send notice to the patient and his or her legal

representative notifying them that the Western State Hospital is going to be designated as representative payee, and if they want to object to that, they certainly have a right to do so and a right to a hearing, and there's no evidence in the record that these --

THE COURT: Does the notice advise them what the results are with respect to their enforcement liability of those funds?

MS. CASPARIAN: There's no notice in the record here before us. But what I -- and there's no evidence that the petitioners ever objected to the Department of serving as representative payee. But to answer your question --

THE COURT: Well, let's say I'm a patient, and I'm told, "If you let Social Security Administration designate the hospital as your protective payee, the costs of your current care will be deducted from your payment, but if you have somebody other than the hospital payee, nobody can force that." How many do you think would elect to have Western State be the protective or representative payee?

MS. CASPARIAN: I certainly can't guess to that. It's my understanding a notice being that specific has not been sent out.

THE COURT: Sure.

MS. CASPARIAN: But, like I said, the Department was notified the Department is serving as representative payee. The social security benefits here in question entitled to, the purpose is for them to be used for their current care and maintenance.

That's what the Social Security Administration has contemplated in their regulations that allow Western State Hospital to serve as representative payee and use it for costs of care.

I understand this Court's confusion or issue concerning that difference, but the distinction is important to make where the State is serving as a patient's representative payee and is complying with Federal law and the regulations. The Social Security Administration has allowed what the Department is doing with the patient's social security funds.

THE COURT: Then what do you with the argument that, assuming the Social Security Administration's laws which allow federally -- following your argument -- government payees to use that money for costs of care and the Washington regulations which dovetail with that arguably and allow it to use it, has the ultimate result of -- ultimate unequal result on recipients of SSA who don't have government payees, by exempting from collection or forced collection, for want of going through all that litany in the ways in which you can get it, for costs of current care when the government's providing it? Doesn't that set up an unequal treatment?

MS. CASPARIAN: No, Your Honor, it does not. The patients by law are obligated to pay for their costs of care at Western State Hospital. And our legislature has contemplated that the State can use social security funds. Petitioners have argued that social security funds are exempt from being counted because of a WAC, and that is an incorrect interpretation of that WAC. Social security funds

can be counted in this situation where the State is serving as representative payee. There may be the appearance of an unequal treatment or a distinction in the end, but it's important how we get to that end. There may be a distinction, but there's no equal protection violation.

The reason why the Department treats these two people -- classes differently is because of the injunction, and their actions are rationally related to the injunction, and they're in compliance with the Federal law of allowing a representative payee to use the cost benefits towards costs of care and, again, 407.

THE COURT: Excuse me. Excuse me. The reason they're being treated differently is because a court, for whatever reason, has interpreted laws with respect to a private payee class of recipients in a way that suggests that there can't be forced collection of their costs of care from those funds. Doesn't it -- isn't that what *Brinkman* is doing?

MS. CASPARIAN: *Brinkman* where the State is not representative payee certainly went into a patient's bank account and took the money.

THE COURT: Says you can't enforce the debt --

MS. CASPARIAN: Right.

THE COURT: -- against SSA funds.

MS. CASPARIAN: Correct.

THE COURT: However, we don't even pass upon the issue, and, given your argument, if they listen to your argument is that the way the Federal -- the juxtaposition between the Federal regs and the

State regs work when the government's protective payee allows, in essence, collection of the cost of care debt from SSA funds that can't be collected from private payee patients? Every court that you've cited to me, Federal court, says, "No can do, can't get it." The private payee can say, "Go fish. You can't get it. Go over any of my other assets which probably can be dumped out of a thimble, but you can't go after SSA because 407 is real clear, it's not subject to compulsory, if you will, or forced collection."

MS. CASPARIAN: Your interpretation of 407 is correct, and, certainly, that's what the Federal cases have found. 407 prevents a state from suing any representative payee, prevents a private individual from suing a payee, from actively seizing their money. That's not what's happening here. The case that's on point, that's similar to what we have here, is out of Alaska, CGS allows -- a state representing a certified payee allows for costs of care. That's the case that's similar. All the other cases we've pointed to is distinguishable from this case.

THE COURT: But the *Alaska* case did not confront the issue of equal protection.

MS. CASPARIAN: Not to my knowledge, Your Honor.

THE COURT: To me, that's what this whole case boils down, if my discussion is starting to telegraph where my inclination is after reading the materials before you started arguing, that the Federal preemption argument and the interpretation of the Federal regs and the State regs is they go together in terms of allowing this process. I think it's allowed. But that's different than saying

whether or not it results in unequal treatment. And, in effect, that's the rational basis in terms of why the Department here is doing what it's doing in light of *Brinkman*, doesn't -- only goes so far. It begs the issue of whether or not the Federal statute and regulations as applied in concert with or in addition to application of the state regulations results in unequal treatment of individuals occupying this class. We call SSA recipients who are receiving government benefits because they're committed to a government institution involuntarily, I guess – I don't know if the rest of these cases involve involuntary commits versus some other kind of commits -- but who are being in some way provided services by the government for their costs of care, provided care by the government and then responsible for its costs.

In effect, to my way of thinking, when one person can dodge because of Section 407 collection and the other person can't because of the way in which all the regs are set up, Federal and state, doesn't that work an unequal treatment?

MS. CASPARIAN: But it doesn't violate a rational basis test. That's a heavy burden for the petitioners to meet.

Your Honor, if I may conclude, if the petitioners believe that this injunction should apply to them or patients like them, the appropriate course for them is to go make a motion to the court overseeing the injunction to broaden that injunction. And as I said before, this -- Social Security Administration contemplates this. The Federal law allows it. There's no equal protection violation in the

end because a rational basis test is very easy to meet, the petitioner having met their heavy burden of equal protection violation.

THE COURT: Mr. Fox, anything you want to talk about in rebuttal?

MR. FOX: Your Honor, I think you see my client's claim. I suppose what I would point out, just in response of the State's argument, I would go to, again, Judge Heller's decision where in the actual administrative hearing process on tape, on page eight, he says in this case, "However, the OFR, Office of Financial Recovery, confirmed that OFR expected the superintendent of Western State Hospital to forward the identified funds directly to OFR without further legal process." It's a way of getting my client's money.

Secondly, I would only clarify that the *Brinkman* court goes far beyond an injunction, that the 9th Circuit decided nothing. They affirmed the district court judge's ruling, and his ruling was that he granted the appellee's motion for summary judgment. The Court held that section 407 barred the State from seeking reimbursement from the appellee's OSDAI funds which the State's practice of withdrawing funds from patients' accounts without notice deprived them of their property without due process of law. In order to correct that, they instituted the injunction which then sets up --

THE COURT: The 9th Circuit in which case?

MR. FOX: The 9th circuit affirmed the Federal district court.

THE COURT: In *Brinkman*?

MR. FOX: In *Brinkman*.

THE COURT: Okay.

MR. FOX: And that's all I would have to add, Your Honor.

THE COURT: The arguments have been excellent, and the briefing has been very well set forth. I believe the issues are complicated, and, at first blush for a general jurisdiction court, all the different regs and WAC's get a little bit confusing in terms of their nomenclature and their definitions. But I think I have the benefit of where each of the parties are going and what their positions are with respect to what I believe are the two basic issues presented by this petition for judicial review.

In reviewing the decision of an administrative agency, this Court's review is governed by the Washington State Administrative Procedures Act. The grounds for overturning an agency decision are set forth in such act in alternative fashion in RCW 34.05.570(3): The court shall grant relief from the agency order only if the court determines that, (a), the order or the statute or rule on which the order is based is in violation of constitutional provisions on its face or as applied, or, (d), the agency has erroneously interpreted or applied the law. Those are the two of a number of alternative bases which the Court can examine and on which the Court can grant relief. There are no issues of fact that require review of the record to determine whether any factual findings are supported by substantial evidence.

The issues involved here present questions of law to which the Court applies the error of law standard. Under the error of law standard, the Court is allowed to substitute its judgment for the administrative agency's, even though substantial weight is to be accorded to the agency's interpretation of the law.

With respect to the petitioner's argument regarding Federal preemption, both Federal and even the State's own collection regulations would not permit the SSA funds received by a patient to be included in the estate which would be liable for the patient's costs of care.

I conclude the Department has not committed error of law by holding that its administrative regulations, are not preempted in this regard by Federal law or regulations. But unfortunately for the Department, that does not end the inquiry, because my next consideration is whether or not the statute or rule on which the order is based are in violation of constitutional provision on their face. Section 407 and the State and Federal regs on their face, I don't believe establish a violation of the constitutional right of equal protection of the law.

To me, the critical question presented is whether or not the scenario described here, and in the argument of petitioner, establishes that the application of the Federal and State statutes and regulations violates constitutional equal protection of the law. The Department argues that it does not because there is a rational basis and the legislation or application of the rules applies alike to all individuals within the class. That is, argues the

Department, those SSA recipients who have the hospital or government designated as their representative payee are all treated the same. The Department argues further that reasonable grounds exist for distinguishing between those within and those without the class, i.e., those who receive SSA who have private representative payees and those who receive SSA who have government representative payees.

As I understand the State's argument, there is a rational basis for allowing the latter class to be treated differently because, in the State's view, those SSA benefits can be used to pay costs of current maintenance; they just can't be forcibly collected to be used to pay for costs of ongoing maintenance provided by the government. And the rational basis for distinguishing between the classes has to do with the fact that there is a Federal injunction prohibiting the State from treating one class differently than the other. There's a third part of the rational basis test, and that is whether the classification has a relationship to the purpose of the legislation. The purpose of the legislation protecting SSA benefits from what I call "forced collection" is apparently the policy consideration by Congress that these benefits have been earned for the social security, if you will, or economic security of recipients, based upon earnings and wages over the years essentially as an insurance policy to maintain their minimum levels of economic status in the event of old age or disability and, thus, ought not to be subject to attachment, levy, execution or any other forced collection process, even though a debt may be validly owed by the recipient thereof.

In the case law cited, the Federal regulations and State regulations that arguably permit that purpose to be undermined by a process that has apparently survived scrutiny in terms of its validity have not apparently been subjected to the equal protection analysis. And in my application of an equal protection analysis, I can't find a rational basis for allowing private payee recipients of SSA not to have their money spent without their consent on the costs of their current care but requiring government payee patients to have the costs of the current care deducted from their benefit payments.

I'm further bothered by the fiduciary argument. There have been many times when this Court in guardianship or other proceedings relating to persons who are incompetent, either by virtue of minority or virtue of not being able to care for their own affairs, appoints a Guardian ad Litem, and the Guardian ad Litem makes a number of decisions on behalf of the ward that involve financial considerations and basically protecting, prioritizing and allocating assets according to what the Guardian ad Litem deems is in the best interests of the ward. I don't know if the State's doing this here. The State appears to be considering its need for reimbursement for costs of care, which is a very definite, legitimate need, given considerations and costs of government, as a priority over and above other considerations that could be appropriate for the ward. That's a little bit bothersome. But by the same token, I don't wish to be interpreted as critical of the State in that regard because I understand the State is providing care and is authorized to assess financial responsibility for the care and is certainly, as a

trustee of the public treasury, authorized to pursue payment. Under one scheme, it can't or doesn't collect from private payee recipients of SSA, and then on the other, it's found a way to do that, which, to me, results in unequal treatment of private payee recipients simply by virtue of the fact that one representative payee may not be a government department or institution and the other is, and yet the government is still providing services to both. I don't think a rational basis has been shown for treating the two different in light of the purpose of the legislation, that is, to exempt SSA benefits from forced collection for legitimate debts, one which can be government-provided care.

Accordingly, I'm persuaded that on that challenge, petitioners prevail and that it's a violation of equal protection to allow the Department's collection process to stand. And, to me, the Department's remedy is for Congress to amend its statute or Section 407, perhaps, to allow such benefits to be made available for forced collection when the debt arises from costs of care to a recipient provided by a government. But that's another issue.

Accordingly, for that reason, the order of the Department will be reversed, and I'll enter an order precluding the Department, for those reasons, from paying over SSA funds it receives as representative payee on behalf of the recipient literally to itself in whatever amount determined to be owed by the recipient for his/her costs of care.

Interesting issue. I think this will put squarely now before some appellate court not only those other arguments but the equal protection

argument. Any questions by either counsel? I'll sign an order upon presentation. We'll be in recess.

SUPERIOR COURT OF WASHINGTON
OKANOGAN COUNTY

GUARDIANSHIP ESTATE OF DANNY KEFFELER, BY WANDA PIERCE, GUARDIAN, AND OTHER PERSONS SIMILARLY SITUATED, and DANNY KEFFELER, an individual. Plaintiffs, vs. STATE OF WASHINGTON, DEPARTMENT OF SOCIAL AND HEALTH SERVICES and DEPARTMENT OF LICENSING, Defendant. And LYLE QUASIM, Director of the Department of Social and Health Services, and MICHAEL R. HOBBS, Program Manager for Social Security Income Department and Social and Health Services Department of Children and Family Services, Additional Defendants.	No. 96-2-00157-2 SUPREME COURT NO: 18157-0-III PLAINTIFFS' BRIEF IN SUPPORT OF PROPOSED FINDINGS RE: FEDERAL BENEFITS

The Plaintiff's Insert Re: Federal Funding

The Defendant was required by the Court's Scheduling Order, to identify all federal programs, by U.S.C. title and section number.

2. Placement with DSHS;

3. In a properly licensed facility;

4. Where the child is deprived of parental support and care;

5. **Where the child remains in financial need;**

6. "The child must not be in receipt of SSI payments, and in limited instances, AFDC payments, while in **receipt** of IV-E funds";

7. Under age 18;

8. Placed via a voluntary placement order or a court order in effect for 180 days. (Emphasis my own.)

For SSA children, financial need is a factor.

At page 23, under the heading "Child in Foster Care Who Has Income-How it is Handled", we are told:

"1. If the child's gross income is 185% of the child's cost of care, the child is not IV-E reimbursable so long as the income remains about this limit.

2. All unearned income/ benefits available to the child must be counted against the **child's cost of care** on a dollar for dollar basis. In those instances, where the unearned income matches or exceeds the

child's maintenance cost of care, the child is not IV-E eligible. (My own emphasis)

SSA benefits, but not SSI benefits, are counted as unearned income.

In plain language, the State receives repayment for foster care expenses from Title IV-E when the expenses exceed the child's SSA in a given month.

see Blimka, case No. 4; Clark Casey, Case No. 9; Jennifer Philbeck, Case No. 15; Rachel Hernandez, Case No. 21; Christopher Milkins, Case No. 34; and for an example of revisiting which overpays the State see Nar. Sum. #2 for Jonathan Cathey, TANF-SSI; Latasha Enochs, and Kyle Hontz, SSI, Title IV-E, Voluntary.

Repayment of the State's foster care expense from Title IV-E funds diminishes the State's claim that its failure to account to the Trust Fund Unit for child support is unlikey to result in an overpayment. The State claims:

1. It's foster care expenses always exceed the Social Security reimbursement, making the risk of an overpayment remote; and

2. It's Totals v. Totals Analysis reduces the risk of overpayment.

In both situations:

Overpayment = (Foster care expense paid from parental support) + (foster care paid from Social security) – (State's foster care expense).

But when the Federal Government Public Assistance component is included:

Overpayment = (parental support + Social security) – (State's foster care expenses) – (Federal reimbursement).

The random accounts demonstrate that Social Security is regularly used to repay foster care expenses already paid from.

The State did not produce TANF eligibility standards in supplemental discovery but produced the State's Policy Manual which states:

The Children's Administration will not **concurrently receive** TANF/ CEAP and SSI or Social Security Title II SA for children in foster care. (Def. Res. No. 8, Policy Manual, p.244)

The 48 random accounts show the State's practice to be inconsistent with the aforesaid policy, See Nar. Sum. #2 where TANF benefits were claimed concurrently with SSI benefits Jonathan Cathey abd Jamine Saetern; and TANF benefits concurrent with SSA benefits Dustin King and John Hartell. In Seatern, the State took Social Security to pay for expenses already paid by TANF.

Federal benefits are claimed for SSI children during the eligibility determination period.

Both SSA and SSI children qualify for title IV-E and TANF funding during the eligibility period. Their eligibility for Federal Public Assistance benefits is the same as for all other foster children until they receive the benefit. Receipt of SSI does not diminish the child's eligibility to receive the Federal Public Assistance because SSI is not

considered as income by the Title IV-E eligibility manual.

While receipt of SSI does not diminish Title IV-E or TANF Federal Public Assistance receivable, receipt of Title IV-E or TANF reimbursed from the children's subsidiary account, and that the failure of the State to account, for child support is aggravated by the State's receipt of federal benefits.

March 31, 2000.

REINBOLD & GARDNER

//s// [Rodney Reinbold]

RODNEY REINBOLD, WSBA #4656
Co- Counsel for Plaintiffs

Analysis of SOF funding, attached. The SOF codes and amounts were segregated for each child and totaled.

This narrative summarizes and compares the data entered between 1997-1999 for each of the three 48 random sample reports to determine whether and to what degree the State reimburses foster care expenses already reimbursed from federal funding sources and child support.

Jamie Brundage

SOF Q – State – SSI	$5,148
SOF 5 – State only	$6,929

SSI onset 7/2/96 @ $476/month

Comments:

SOF Q is clearly different from State Only funding, SOF 5. It is used only in SSI cases. It is referenced twice in the exhibits. It is listed as a funding choice in the benefits code manual Def. Res #9. It is mentioned in one paragraph in the State Policy Manual, Req. 8, p. 240. The worker is told to change the funding code for Title IV-E to Q before making the application for SSI benefits. Reporting Title IV-E under SOF 2 or 4 creates a qualification issue. Use of Q for federal funding in pre-application cases signifies an intent to abandon or to reduce the benefits after approval.

The Q designation usually continues after the SSI benefit is received, signifying that care and expertise are needed to manipulate the mix of Federal, SOF Q v. State SOF 5 benefits to optimize the child's federal revenue.

This care shows that both SOF Q and SOF 5 expenses are reimbursed from the child's social security benefits. SOF Q was used before and after the child received SSI. In Jamie's case, the funding alternates between SOF Q and SOF 5 during the entire period following receipt of SSI.

Calcagno, Rene

SOF 5, State,	$5,195
SOF Q SSI- State	$4,682
SOF 2, Title IV E	$125,129

SSI onset 8/11/93, at about $450/month.

Comments:

Reimbursable expenses were always above $3,500/ month. Service codes indicate a severe emotional disorder. Rene's case shows the State to be in receipt of Title IV-E while at the same time receiving SSI benefits. Erickson's Affidavit is thus clarified to mean that title IV-E funding can cause a reduction in a child's SSI but the child is not disqualified.

Enochs, Latasha

SOF 5 State only	$1,727.76
SOF Q State SSI	$ 4, 630.56

SSI onset 5/1/95 at $486.

Child support received: No. Def. Res 10

Comments:

The State paid itself $7,714.60 between 1997 and 1999. During the same period, the State only paid $1, 727.26. With SOF Q funds added $6, 358 of Federal and State Public Assistance was furnished. Latasha received child support, Rhouten Affidavit, p.5. Her account was omitted from Def. Prod. 10. It ought to be produced to rule out a likely overpayment.

Hallett, Anthony

SOF 5-State only	$3,603.30
SOF Q- SSI- State	$9,295.38

SSI onset 12/19/95 at $512/month

Comments:

$11,281.34 was reimbursed to the State between 1997-1999. Only $3,603 was designated SOF 5-State only.

Hartell, Jon

SOF 5 State only:	$4,502.00
SOF 1 TANF:	$1,771.62
SOF 2 Title IV	$6,301.86
Child Support	$ 117.75

SSA onset 9/6/96 at $102 per month.

Comments:

The State claimed and received TANF payments while receiving SSA. This is consistent with Ms. Erickson's deposition, saying that SSA children are eligible for TANF, and experience no benefit reduction due to SSA; but is contrary to the State's Policy Manual, p. 244. "CA will not concurrently receive TAMF/CEAP and SSI or Social Security for children in foster care"

Title IV-E benefits were also claimed while the Sate received the child's SSA. This is in accord with Ms. Erickson's affidavit, where she says no Title IV-E is available for SSA but is reduced by the SSA benefit. Between 1997 and 1998, that State reimbursed itself $1,683 from John's subsidiary account.

This child received support according to the Affidavit of Rhount, p.5, but we don't know how much because her Exhibit #10 documents are

missing from my records. These records should be produced to rule out a likely overpayment.

King, Dustin

SOF 5 State Only	$23,213
SOF 1 TANF	$25,185

SSA onset 2/7/97

Comments:

Dustin received his first TANF benefit on 3/19/97. The two benefits predating the TANF payment in 1997 were both SOF 5. The payment pattern before 1997 is not established because the payments tend to alternate. The record demonstrates that TANF benefits can be used to supplement the State's budget after a child qualifies and receives SSA benefits. This case clearly refutes Lockwood's contention that TANF benefits are, as a matter of policy, not claimed while the child receives SSA benefits. Here $25,185 of benefits were claimed.

Lucas, Zachery

SOF 5 State funded	$6,314.11
SOF 4 Title IV-E Vol.	$ 629.89

SSA started on 5/7/98 in the amount of $333.

Comments:

The State received $1,322 in 1998 and returned $333 of overpayment to Social Security.

Another example of the State claiming Title IV-E while receiving Social Security Title II benefits.

McClennan, Alyssa

SOF Q $9,453

SSI onset 3/31/97

Comments:

All funded in SOF Q. The State reimbursed exactly $9,551 in this time period but spent $9,453.00. If SOF Q is federally funded to any degree, the State was overpaid. We checked the spending and it does not match the cover page.

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Sheet 1

Child's Name	Service #	SoF 5	SoFO
Brudage, Jamie	3211	$ 366.68	
SSI	3212		$ 141.85
-	2833	$ 293.92	
	2833	$ 253.84	
	3212		$ 141.85
	3211	$ 366.68	
	2833	$ 280.56	
	3211	$ 366.68	
	3212		$ 141.85
	2833	293.92	
	3211	366.68	
	3212		141.85
	3233	$100.13	
	2833	$ 280.56	
	3211	$ 366.68	
	3212		$ 141.85
	2833	$ 280.56	
	3211	$ 366.68	
	3212		$ 141.85
	3219	$ 44.33	
	3211	$ 366.68	
	3212		$ 146.11
	2833	$ 293.92	
	3219	$ 44.33	
	2833	$ 280.56	
	3211	$ 366.68	
	3212		$ 146.11
	3203		$ 18.32
	3203		$ 549.60
	3219	$ 44.33	
	3211	$ 397.74	
	3219	$ 44.33	
	3211	$ 397.74	
	3219	$ 22.16	
	3211		$ 397.74
	3211		$ 397.74

Sheet 1

Date	SS from TF acct
1/15/1997	$ 476.86
2/10/1997	$ 498.68
3/17/1997	$ 491.55
4/2/1997	$ 491.55
5/12/1997	$ 491.55
6/16/1997	$ 491.55
7/15/1995	$ 491.55
8/15/1997	$ 491.55
9/15/1997	$ 491.55
10/15/1997	$ 491.55
11/14/1997	$ 491.55
12/15/1997	$ 442.07
1/15/1998	$ 397.74
2/13/1998	$ 397.74
3/2/1998	$ 22.16
3/13/1998	$ 552.89
4/2/1998	$ 39.00
4/15/1998	$ 397.74
5/15/1998	$ 597.77
6/2/1998	$ 44.33
6/15/1998	$ 397.74
7/2/1998	$ 66.49
7/2/1998	$ 615.63
8/14/1998	$ 267.45
Total	**$ 9,638.24**

Sheet 1

Child's Name	Service #		SoF 5		SoF O
Calcagno, Rene	3456				$4,682.00
SSI	3301		$ 800.00		
	3456				
	3456				
	3456				
	3456				
	3456				
	3456				
	3456				
	3456				
	3457		$3,215.00		
	3457				
	3457				
	3457				
	3457				
	3232		$ 630.00		
	3457				
	3457				
	3457				
	3457				
	3457				
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	3457				
	3457				
	3457				
	3457				
	3457				
	3457				
	3457				
	3457				
	5235		$ 550.00		

Sheet 1

SoF 2		Date	SS from TF
		1/15/1997	$ 495.42
		2/10/1997	$ 517.24
$4,682.00		3/17/1997	$ 512.00
$4,682.00		4/14/1997	$ 512.00
$4,682.00			
$4,682.00		**Total**	**$ 2,036.66**
$4,682.00			
$4,822.00			
$4,822.00			
$4,822.00			
$3,215.00			
$3,215.00			
$3,215.00			
$3,215.00			
$3,215.00			
$3,215.00			
$3,215.00			
$3,215.00			
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$3,215.00			
$3,215.00			
$3,215.00			
$3,215.00			
$3,279.00			

Sheet 1

Child's Name	Service #	SoF 5	SoF O
Cathey,	3201		
Johnathan	3225		
SSI	3201		
	3210	$ 24.58	
	3210		$ 245. 80
	3233	$ 117.18	
	3210		$ 374.02
	3233	$ 119.04	
	3210		$ 374.02
	3233	$ 340.38	
	3210		$ 374.02
	3233	$ 218. 24	
	3210		$ 98.32
	Total	**$ 819.42**	**$ 1.466.18**
	Total SoF	**$ 2.935.35**	

Sheet 1

SoF1	Date	SS from TF account
$ 409.17	4/14/97	$ 512.00
$ 98.26	5/12/97	$ 350.67
$ 142.32	6/16/97	$ 512.00
	7/15/97	$ 316.56
	Total	**$ 1.691.23**
$ 649.75		

Sheet 1

	3210			$	325.17
	2805			$	359.92
	3210			$	325.17
	2805			$	359.92
	3210			$	325.17
	2805			$	359.92
	3210			$	325.17
	2805			$	359.92
	2805			$	374.00
	3210			$	325.17
	3210			$	325.17
	2805			$	374.00
	3210			$	325.17
	2805			$	374.00
	3210			$	337.67
	2805			$	374.00
	3210			$	337.67
	2805			$	374.00
	2805			$	68.00
	3210			$	337.67
	2805		$ 17.00		
	2807			$	184.11
	Total		$ 4,083.40		$ 11,597.66
	Total SoF		**$ 15,681.06**		

Sheet 1

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Sheet 1

Child's Name	Service #	SoF 5	SoF Q
Hallett,	3210		$ 303.56
Anthony	3212		$ 141.85
SSI	3233	$ 91.14	
	3210		$ 303.56
	3212		$ 141.85
	3210		$ 303.56
	3212		$ 141.85
	3233	$ 174.84	
	3210		$ 303.56
	3212		$ 141.85
	3233	$ 236.84	
	3210		$ 303.56
	3212		$ 141.85
	3233	$ 116.56	
	3210		$ 303.56
	3212		$ 141.85
	3233	$ 246.76	
	3210		$ 325.17
	3212		$ 146.11
	3233	$ 282.10	
	3212		$ 146.11
	3210		$ 325.17
	3210		$ 325.17
	3212		$ 146.11
	3210		$ 325.17
	3212		$ 146.11
	3210		$ 325.17
	3212		$ 146.11
	3210		$ 325.17
	3212		$ 146.11
	3210		$ 325.17
	3212		$ 146.11
	3233	$ 457.33	
	3210		$ 325.17

Sheet 1

Date	SS from TF account
1/15/97	$ 495.42
2/2/97	$ 21.82
2/10/97	$ 445.41
3/17/97	$ 445.41
4/2/97	$ 116.60
4/17/97	$ 445.41
5/13/97	$ 578.59
6/16/97	$ 445.41
7/2/97	$ 66.59
7/15/97	$ 445.41
8/15/97	$ 445.41
9/15/97	$ 471.28
10/15/97	$ 471.28
11/14/97	$ 471.28
12/15/97	$ 471.28
1/2/98	$ 66.59
1/2/98	$ 66.59
1/2/98	$ 40.72
1/15/98	$ 471.28
2/13/98	$ 471.28
3/13/98	$ 718.50
4/15/98	$ 471.28
5/15/98	$ 471.28
6/15/98	$ 620.44
7/15/98	$ 471.28
8/14/98	$ 471.28
9/15/98	$ 620.44
10/15/98	$ 483.78
Total	**$ 11,281.34**

Sheet 1

Child's Name	Service #	SoF 5	SoF 1
Hartell, Jon	2807	$ 24.54	
SSA	3210		
	3212	$ 4.66	
	3218	$ 50.62	
	3210		$ 283.62
	2808	$ 25.00	
	2805	$ 372.80	
	3233	$ 163.42	
	3210		$ 297.60
	2805	$ 410.08	
	3218	$ 106.86	
	3233	$ 116.56	
	2805	$ 186.40	
	3210		$ 297.60
	2808	$ 35.00	
	2805	$ 279.60	
	3218	$ 56.24	
	3233	$ 184.14	
	2805	$ 410.08	
	3210		$ 297.60
	3218	$ 78.74	
	3233	$ 246.76	
	2805	$ 410.08	
	3210		$ 297.60
	3233	$ 82.77	
	3210		$ 297.60
	2805		
	3233	$ 79.05	
	3210		
	2805		
	3210		
	3233	$ 86.63	
	3218	$ 101.23	
	2805		

Sheet 1

SoF 2	Date	
	1/15/97	$ 102.00
$ 9.78	2/10/97	$ 105.00
	3/17/97	$ 105.00
	4/17/97	$ 105.00
	5/14/97	$ 105.00
	7/1/97	$ 105.00
	7/15/97	$ 105.00
	8/15/97	$ 105.00
	9/15/97	$ 105.00
	10/15/97	$ 105.00
	11/14/97	$ 105.00
	12/15/97	$ 105.00
	1/15/98	$ 105.00
	2/13/98	$ 107.00
	3/13/98	$ 107.00
	4/15/98	$ 107.00
	Total	**$ 1,683.00**
$ 410.08		
$ 303.56		
$ 410.08		
$ 21.61		
$ 410.08		

Sheet 1

Child's Name	Service #		SoF 5		SoF 2
Herandez,	3456		$ 4,682.00		
Rachel	3457		$ 3,121.00		
SSI	3457		$ 3,121.00		
	3457		$ 3,121.00		
	3457		$ 3,121.00		
	3457		$ 3,121.00		
	3457		$ 3,215.00		
	3457		$ 3,215.00		
	3457		$ 3,215.00		
	3457		$ 1,479.52		
	3456		$ 2,694.67		
	3456		$ 4,822.00		
	3456		$ 4,822.00		
	3456		$ 4,822.00		
	3456		$ 4,822.00		
	3456		$ 4,822.00		
	3456		$ 4,822.00		
	3456		$ 4,822.00		
	3456		$ 4,822.00		
	3456		$ 4,822.00		
	3456				$ 4,822.00
	3457		$ 3,215.00		
	3457		$ 845.44		
	3457				$ 2,322.81
	3234				$ 75.00
	3457				$ 3,365.00
	3457				$ 3,365.00
	3457				$ 3,365.00
	3433		$ 324.00		
	3457				$ 3,365.00
	3433		$ 172.00		
	3457				$ 3,365.00
	3457				$ 3,365.00
	3457				$ 3,365.00
	3457				$ 3,365.00

Sheet 1

		SS From TF account
6/18/97		$ 1,966.20
9/15/97		$ 983.10
10/15/97		$ 491.55
11/14/97		$ 491.55
12/15/97		$ 491.55
1/15/98		$ 491.55
2/13/98		$ 485.45
3/13/98		$ 500.55
4/15/98		$ 500.55
5/15/98		$ 500.55
6/15/98		$ 500.55
7/15/98		$ 500.55
8/14/98		$ 500.55
9/15/98		$ 500.55
10/15/98		$ 500.55
Total		**$ 9,405.35**

Sheet 1

Child's Name	Service #		SoF5	
Hontz, Kyle	3202			
SSA	3225		$	100.00
	3202			
	3202			
	3233		$	68.04
	3210		$	92.28
	3210			
	3210			
	3210			
	Total		$	206.32
	Total SoF		**$**	**1,905.41**

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SoF 4		Date		SS from TF account	
$	376.05	6/15/98		$	143.00
$	100.28	**Total**		**$**	**143.00**
$	300.84				
$	199.94				
$	468.04				
$	199.94				
$	1,645.09				

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	2874				$ 809.64
	3210		$ 337.67		
	3212		$ 146.11		
	3210		$ 337.67		
	3212		$ 146.11		
	3210		$ 337.67		
	3212		$ 146.11		
	3210		$ 337.67		
	3212		$ 146.11		
	3210		$ 337.67		
	Total		$ 9,941.26		$ 5,596.56
	Total SoF		**$ 15,537.82**		

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Sheet 1

	3235		$ 140.00		
	3235		$ 350.00		
	3235		$ 280.00		
	3235		$ 140.00		
	3235		$ 280.00		
	3235		$ 140.00		
	3235		$ 140.00		
	3235		$ 70.00		
	3235		$ 140.00		
	3233		$ 288.92		
	3235		$ 140.00		
	3235		$ 140.00		
	3235		$ 70.00		
	3233		$ 633.95		
	Totals		$ 23,213.71		$ 25,185.32
	Total SoF		**$ 48,399.03**		

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Sheet 1

Child's Name	Service #		SoF 5		SoF O
Manning Jr.	2804		$ 92.26		
SAM	3210				$ 359.49
SSI	3212				$ 141.85
	2804		$ 92.26		
	3210				$ 359.49
	3212				$ 141.85
	2804		$ 92.26		
	3210				$ 359.49
	3212				$ 141.85
	3233		$ 153.73		
	2804		$ 92.26		
	3210				$ 359.49
	3212				$ 141.85
	3235		$ 240.00		
	2804		$ 92.26		
	3210				$ 374.02
	3212				$ 141.85
	2804		$ 92.26		
	3210				$ 374.02
	3212				$ 141.85
	3210				$ 397.74
	3212				$ 146.11
	3210			#	$ 397.74
	3212				$ 146.11
	3210				$ 397.74
	3212				$ 146.11
	3210				$ 397.74
	3212				$ 146.11
	3235		$ 195.00		
	3235		$ 195.00		
	3210				$ 397.74
	3212				$ 146.11
	3232		$ 1.000.00		
	3232		$ 200.00		

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		SS from	
1/2/97		$ 156.66	
1/15/97		$ 476.86	
2/10/97		$ 498.68	
3/17/97		$ 491.55	
4/14/97		$ 491.55	
5/14/97		$ 491.55	
6/13/97		$ 491.55	
7/15/97		$ 491.55	
8/15/97		$ 491.55	
9/15/97		$ 491.55	
10/15/97		$ 491.55	
11/14/97		$ 491.55	
12/15/97		$ 491.55	
1/15/98		$ 491.55	
2/13/98		$ 485.45	
Total		**$ 7.024.70**	

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Child's Name	Service #		SoF Q	
Mclennan, Alyssa	3210		$	303.56
SSI	3212		$	141.85
	3210		$	303.56
	3212		$	141.85
	3210		$	303.56
	3212		$	141.85
	3210		$	303.56
	3212		$	141.85
	3210		$	303.56
	3212		$	141.85
	3210		$	303.56
	3212		$	141.85
	3210		$	325.17
	3210		$	325.17
	3210		$	325.17
	3210		$	325.17
	3210		$	85.44
	3210		$	239.73
	3210		$	325.17
	3210		$	325.17
	3210		$	325.17
	3210		$	325.17
	3210		$	325.17
	3210		$	325.17
	3210		$	325.17
	3210		$	337.67
	3210		$	337.67
	3210		$	337.67
	3210		$	337.67
	3210		$	337.67
	3210		$	337.67
	3210		$	337.67
	3210		$	337.67
	3210		$	177.60

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Date		SS from TS account		
4/2/97		$	445.41	
4/2/97		$	445.41	
4/2/97		$	445.41	
6/13/97		$	445.41	
7/15/97		$	445.41	
8/15/97		$	445.41	
9/15/97		$	325.17	
10/15/97		$	325.17	
11/14/97		$	325.17	
12/15/97		$	325.17	
1/15/98		$	325.17	
2/13/98		$	325.17	
3/13/98		$	325.17	
4/15/98		$	325.17	
5/15/98		$	325.17	
6/15/98		$	325.17	
7/15/98		$	325.17	
8/14/98		$	325.17	
9/15/98		$	337.67	
10/15/98		$	337.67	
11/13/98		$	337.67	
12/15/98		$	337.67	
1/1/99		$	98.28	
1/15/99		$	337.67	
2/15/99		$	337.67	
3/15/99		$	337.67	
4/15/99		$	337.67	
5/15/99		$	177.60	
Total		**$**	**9,551.74**	

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Child's Name	Service #		SoF 5		SoF O
Reynolds,	3233		$ 56.00		
Justin	3210		$ 442.26		
SSI	3216		$ 300.00		
	3210				$ 442.26
	3216				$ 300.00
	3210				$ 442.26
	3216				$ 300.00
	3233		$ 105.40		
	3210				$ 442.26
	3216				$ 300.00
	3233		$ 18.60		
	3210				$ 442.26
	3210				$ 442.26
	3216				$ 300.00
	3233		$ 17.98		
	3210				$ 468.04
	3216				$ 300.00
	3233				$ 39.06
	3210				$ 468.04
	3216				$ 300.00
	3233		$ 3.78		
	3210				$ 468.04
	3216				$ 300.00
	3233		$ 19.53		
	3233				$ 18.90
	3210				$ 468.04
	3216				$ 300.00
	3210				$ 468.04
	3216				$ 300.00
	3216				$ 300.00
	3210				$ 468.04
	3216				$ 300.00
	3210				$ 468.04
	3216				$ 300.00

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		SS from	
3/17/97		$	442.40
4/14/97		$	330.22
5/14/97		$	343.83
6/16/97		$	491.55
7/15/97		$	442.26
8/15/97		$	540.84
9/15/97		$	491.55
10/15/97		$	491.55
11/14/97		$	491.55
12/15/97		$	491.55
1/15/98		$	491.55
2/13/98		$	485.45
3/13/98		$	500.55
4/15/98		$	500.55
5/15/98		$	500.55
6/15/98		$	500.55
7/15/98		$	500.55
8/14/98		$	500.55
9/15/98		$	500.55
10/15/98		$	500.55
11/13/98		$	500.55
12/15/98		$	500.55
1/15/99		$	500.55
2/15/99		$	500.55
3/15/99		$	506.55
Total		**$**	**12,074.45**

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Child's Name	Service #	SoF 5		SoF 1
Saetern.	3211			$ 303.56
Jamine	3212			$ 141.85
SSI	3216			$ 400.00
	3216			$ 300.00
	3216	$ 300.00		
	3216			$ 207.09
	3211			$ 89.73
	3212			$ 41.94
	3216	$ 88.74		
	Total	$ 388.74		$ 1,484.17
	Total	**$ 1,872.91**		

Sheet 1

Date		SS from TS account
1/13/97		$ 495.42
2/10/97		$ 517.24
3/2/97		$ 338.76
3/2/97		$ 338.76
3/2/97		$ 338.76
3/17/97		$ 350.67
4/17/97		$ 338.76
Total		**$ 2,718.37**

IN THE SUPERIOR COURT FOR THE STATE OF WASHINGTON IN AND FOR THE COUNTY OF WHATCOM

JESSICA BRAAM, et al.	)	
	)	
Plaintiffs,	)	No. 98-2-01570-1
	)	
Vs.	)	INJUNCTION
	)	
STATE OF WASHINGTON, et al.,	)	
	)	
Defendants.	)	
	)	(DAVID A. NICHOLS)

THIS MATTER, having come on for hearing, the Court having reviewed the pleadings, presided over the proceedings and trial, taken the verdict of the jury, heard the arguments of counsel, and reviewed the records and files, it is hereby

ORDERED, ADJUDGED AND DECREED that the Plaintiffs' Motion for Injunctive Relief is GRANTED.

I. INTRODUCTION

The Court presided over a seven-week jury trial in this matter and heard all of the evidence. On December 4, 2001, the jury returned a verdict for plaintiffs. The jury found both that the defendants had violated the constitutional rights of the plaintiff class and that such violation was a proximate cause of harm to the plaintiff class in one or more ways claimed by plaintiffs.

* *several punctuation and format inconsistencies have been corrected*

The jury was convinced and the Court finds substantial evidence to support is finding that the plaintiff class is being harmed by certain current practices, actions and omissions of the defendants. Trial courts have broad discretion to fashion an injunction that is appropriate to the facts, circumstances and equities before it.

Therefore, in light of the jury's verdict and after considering the evidence that formed the basis for the jury's verdict, the Court finds that the plaintiff class is entitled to injunctive relief. The Court now issues its injunction to remedy the constitutional violations found by the jury.

Now, therefore, the Court makes the following

FINDINGS

The Court finds that there are five areas of practice by defendants that must be addressed in this injunction in order to cure the constitutional violations:

1. Children are harmed by being subjected to unnecessary multiple placements.
2. Foster parents are inadequately trained, informed and supported to provide proper care for children in the class.
3. Children are denied necessary mental health care (assessments and treatment).
4. Children are placed in unsafe placements (DSHS offices, homes of sexual offenders, violent offenders and held in detention/jails).
5. Children are separated from their siblings.

In order to protect children from harm, the Court addresses these areas by injunction.

INJUNCTION

Definitions

"Child" or "Foster child" means any child in the plaintiff class as defined by the Court.

"Defendants" means the State of Washington, the Department of Social and Health Services, and the Secretary of the Department, Dennis Braddock, and his successors in office.

"Placement" means any home or facility, whether public or private, in which the child is placed while in defendants' custody regardless of the length of time the child remains in that home or facility. Respite care and short-term interruptions such as hospital stays shall not be included provided that the child returns to the home or facility in which he was placed prior to respite care or short-term care. All homes and facilities the state is mandated to include under its reporting responsibilities pursuant to 42 U.S.C. sec. 679, 45 CFR 1355.407, Appendices A & B, and the Child Welfare Policy Manual shall be included as a placement.

"Siblings" means biological siblings or step-siblings.

The Court **orders** the Defendants, and their employees and agents, to comply with the following directives:

I. Stability of Placements

The Court recognizes that eliminating unnecessary multiple placements will require additional time and effort by the State. To

commence this effort, DSHS shall increase the number of foster homes by 500 additional net foster homes by December 31, 2002 as compared to the number of foster homes/group homes available as of December 31, 2001. Foster parents in the new foster homes shall be trained, informed and prepared to care for foster children in the class with emotional and behavioral problems as required in Section II of this injunction. A majority of such new foster homes shall be licensed for and capable of providing therapeutic foster care.

Except in situations where delay would place the child in imminent danger, defendants shall notify the child's attorney, guardian, ad litem, and/or CASA prior to moving a child to a new placement. When such an emergency prevents notice, it shall be provided no later than 24 hours following the child's move.

Within two weeks of a foster care child's third placement, the Defendants shall conduct a comprehensive assessment[1] of the child's needs and determine the factors contributing to multiple placements. Defendants shall promptly revise the child's individual service plan and address each of the factors identified in the assessment. The assessment and any recommendations shall be in writing.

In order to eliminate the harm caused by disruption to children's education, the defendants

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[1] The assessment team shall be compromised of the various disciplines or entities who will be working with the child, such as medical and mental health practitioners, foster parents, school officials, etc. The team shall develop and promulgate a comprehensive analysis and plan for the child.

are ordered to provide immediate and child-friendly transportation arrangements for children in the plaintiff class who experience changes in the foster home to be transported between the new foster home and school-of-origin while negotiating with the school district to continue the transportation. As there may be compelling reasons specific to individual children why the defendants cannot comply with this directive, the defendants may be excused from this directive by documenting the necessity for changing schools and what steps have been implemented between schools to make the transition as seamless as possible, which means, at a minimum, that the two schools communicate all the relevant data on the child. It shall be the responsibility of the State to insure that the new school has all relevant background on the child. To the extent possible, no child shall be moved except at the end of a term.

The defendants are further ordered to work with the Superintendent of Public Instruction, school districts, and other relevant educational institutions to increase the supports and programs available to foster children in the educational system. The defendants will report to the Court within 180 days of this order regarding these efforts. Should the report fail to indicate that substantial progress has been made in these collaborative efforts, the Court shall consider additional relief.

If the Department lacks adequate foster homes to comply with any part of this injunction, the Department shall obtain or rent or secure appropriate residential facilities or group homes (licensed for residential use and with proper child welfare professionals to care and supervise the child/children) to assure compliance with this

injunction. If, after adding 500 foster homes, the Defendants still lack adequate foster/group homes to avoid harm to children in its care, the Court will make further orders regarding additional foster home at a later time.

II. Training, Information and Support for Foster Parents and Children

Children in the class suffer from emotional and psychological disabilities and need to be in the care of foster parents/group care caregivers who are trained, informed and supported to care for these children. The Defendants are ordered to provide additional training and support to each State-licensed foster parent ("foster parent" hereinafter) that are necessary to allow foster parents to care for and manage a child with the history and any diagnosis of each child placed in the foster home. The training shall assure the foster parent understands the child's behaviors and has adequate tools available to address the child's behaviors, including adequate information about available regular and special educational programs and opportunities. The defendants shall not place any member of the plaintiff class in any foster home in which the foster parents have not had this training.

The training and support requirements are applicable to both existing and newly recruited foster parents. Defendants shall retain the discretion to determine the number of hours of required annual training as well as the curriculum. However, such training shall be made available and accessible so as to allow foster parents to obtain the required training each year.

The Defendants shall provide each foster parent a full and complete history of each child prior to placement of the child in the home. Along with this information, the Defendants shall provide the foster parents with a copy of the child's DSHS file, health records, educational records. a copy of the child's "Passport" and all reasonably available information on the child. Passports shall be completed within 60 days of the child's placement in DSHS custody.

Whenever a child's special needs and/or behavioral problems require frequent supervision and support, and in every case beginning on a foster child's third placement and following any subsequent placement, the assigned DCFS caseworker or supervisor shall personally visit the child and foster parents in the foster home at least every 30 days. DCFS caseworkers shall be provided specialized training that is necessary to allow them to assist foster parents to care for and manage a child with the diagnosis and history of any child placed in the foster home. The training shall be adequate to assure that the caseworker has professionally adequate skills and knowledge to address the child's behaviors, including adequate information about available regular and special educational programs and opportunities.

Defendants shall develop and implement a system of respite care for foster parents. The system shall include, among other things, the recruitment and training of respite care providers capable of providing respite care to children and youth with emotional and behavioral problems. Defendants shall ensure that such are is available to all foster parents and on no less than a monthly basis to foster parents providing a home for children with behavioral or emotional problems. In devising such a program, defendants shall consult with foster parents and foster parent organizations

Defendants will make substantial efforts to increase kinship foster care. In addressing increased kinship care, defendants shall employ increased use of family group conferencing, and increases staff training regarding the importance of kinship care. The defendants will report to the Court within 180 days of the date of this order regarding these efforts. Should the report fail to indicate that substantial progress has been made in these efforts, the Court will provide additional relief.

III. Mental and Physical Health

Defendants shall provide initial physical and mental health assessments by licensed mental health professionals of each child within 30 days of each child's entry into the foster care system. The assessments and any recommendations made as a result of the assessment shall be in writing and shall be placed in the child's file. Defendants are ordered to provide care for needs identified in those assessments.

Defendants shall, in their provision of mental health assessments and treatment, adhere to the following principles: collaboration with child and family, functional outcomes, collaboration with others, accessible services, best practices, most appropriate setting, timeliness, services tailored to the child and family, stability, and independence. defendants shall provide treatment that will give the foster child a realistic opportunity to be cured or to improve his or her mental condition.

The defendants are ordered to provide the treatment recommended in any assessment or reassessment in the time frame called for in the recommendation but not later than 60 days if no time frame is identified.

IV. Unsafe Placements

The defendants shall cease to hold foster children in unsafe and clearly inappropriate placements. The defendants shall within 90 days of entry of this order case to place foster children for overnight stays of any duration in DSHS offices, or in detention facilities once legal holds are eliminated. The defendants have discretion in deciding how to implement this provision, for example, by developing shelters or short-term foster care home placements.

Beginning 90 days after entry of this order, Defendants will not knowingly[2] place a foster child in a placement or situation that exposes that child to a risk of harm to the mental or physical well being of the child or in a placement where there is a [sic] another person residing who has a history of being sexually abusive or assaultive, or who has demonstrated a pattern of assaultive behavior. This provision does not prohibit defendants from placing youths legally identified as sexually aggressive in a home with other sexually aggressive youth when the home ha been licensed and the foster parents specially trained to deal with sexually aggressive youth, nor does it prohibit defendants from placing youths who have demonstrated a pattern of assaulting siblings in a home with other youth who have demonstrated such a pattern when that home has been licensed and the foster parents specially trained to deal with assaultive youth.

V. Separation of Siblings

There shall be a strong presumption favoring the preservation of relationships among siblings by placing

[2] "Knowingly" means that Defendants have made reasonable inquiry to give them a basis of knowledge.

them in the same home at the time they enter foster care unless one sibling poses a danger to another. Short of an emergency, beginning 90 days from the date of entry of this order, defendants shall not separate siblings who are in foster care unless one sibling poses a danger to another[3]. If the defendants have compelling reasons to believe it is in the best interests of the children to separate siblings in foster care for more than one week for reasons other than safety (for example, if treatment of one sibling requires a more restrictive setting than is necessary for other siblings), DSHS may move for an order from the superior court having jurisdiction over the child's individual case allowing such a separation for good cause. If it becomes necessary to separate siblings, defendants will arrange continuing contact among siblings that shall include at least face-to-face visits and telephone calls.

VI. Monitoring Compliance

In order to secure adequate monitoring and enforcement of the Injunction, the defendants shall conduct one or more independent studies, using a random sample of sufficient size to produce valid and reliable findings, shall be conducted to determine the following:

1. the number of children experiencing three or more placements; for children who have experienced three or more placements, the reasons for placement failure; for foster children who change schools when their placement changes, the impact of such

[3] Not having foster homes with enough space for sibling groups shall not be a valid reason for not following this directive.

changes on their school attendance, performance and achievement.

2. the adequacy of training provided to foster parents and prospective foster parents: the type of information and records provided to foster parents and prospective foster parents; the type of training and information provided to DSHS staff; and defendants' use of respite care and kinship care.

3. whether the ordered assessments are being provided, and provided in a timely and comprehensive manner; whether treatment is being provided in a timely way and in conformity with the principles the Court has set forth.

4. the [sic] number of siblings who have been separated in foster care and the reasons for the separation.

DSHS shall make all records and files of individual foster children available for such independent study. DSHS staff, including, but not limited to caseworkers and supervisors shall also be made available for interviews. The study shall be completed annually so long as this injunction is in effect. The first study shall be completed and a written report submitted to the Court and counsel no later than January 31, 2003, with subsequent studies no later than January 31 of the following years that the injunction is in effect. The defendants shall inform Plaintiffs who will conduct each study. If the parties are unable to agree, the Court will choose who will do the studies. The studies will be made at the State's expense.

Because of the imminent risks to a child's safety and security and the possible need for immediate intervention, the defendants shall maintain a central record (name of child and the child's guardian, facts, and dates, and guardian ad litem) of every allegation that a foster child has been molested, assaulted or sexually assaulted in a foster home, or has been placed in a placement which does not comply with the provisions of this order. These records shall be available to plaintiffs' counsel. Similarly, defendants shall document every instance in which a child is required to sleep in a DSHS office or in a detention facility after legal holds are eliminated, and forward the documentation (including name of child, date(s) and name of guardian ad litem) to counsel for the plaintiff class.

In addition to the records, information, reports and studies required above, defendants shall make quarterly written reports to the Court regarding the status of compliance with this injunction, and serve a copy of such report on counsel for the plaintiff class. Reports will be due March 15, June 15, September 15, and December 15 of each year or at such other time(s) as shall be ordered the Court. The defendants shall address each provision of the injunction and provide the Court with reliable, accurate data, which informs the Court of the defendants' progress of lack of progress in eliminating the harmful practices enjoined in this injunction.

Plaintiffs' Counsel will monitor compliance with this Injunction and will continue to represent the class. Defendants shall provide class counsel with reasonable access to all information necessary to monitor compliance with this Injunction, including

the names, addresses and telephone of all children in the class and their guardians ad litem, and all information in all DSHS files regarding any child in the class. Defendants shall also provide counsel for the plaintiff class with all documents that tend to show, directly or indirectly, compliance or noncompliance with any provision of this order.

VII. Continuing Jurisdiction / Review of Compliance

The Court will retain jurisdiction over this case and over enforcement of this Injunction until the Court is satisfied that the defendants are in compliance, and that there is no reasonable possibility of recurrence of the unconstitutional conditions identified. A review hearing to determine whether the defendants are complying with the terms of the injunction will be held in January of 2003.

DONE IN CHAMBERS this 31st day of May, 2002.

JUDGE DAVID A. NICHOLS

Copies to counsel by email